



## TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

<b>Prepared by</b>	Grant Thornton Advisors LLC
<b>Special Instructions</b>	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Requests made in writing</b>	If the request is made in writing, response is generally required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
<b>What if we post the Form 990 on our website?</b>	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</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	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">UNITED WAY OF METROPOLITAN DALLAS, INC</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">1800 N. LAMAR STREET</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code</div> <div style="border: 1px solid black; padding: 2px;">DALLAS, TX 75202</div> <b>F</b> Name and address of principal officer: JENNIFER SAMPSON <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">75-6005352</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">214-978-0000</div> <b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">54,668,204.</div> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> 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		
<b>J</b> Website: WWW.UNITEDWAYDALLAS.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: 1961		<b>M</b> State of legal domicile: TX

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: UNITED WAY OF METROPOLITAN DALLAS (UWMD) IS A SOCIAL CHANGE (CONTINUED IN SCHEDULE O)		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	105
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	4394
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	67,399,440.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	52,999,041.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	0.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	154,881.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	401,898.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	1,364,427.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	776,967.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	68,918,748.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	54,668,204.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>	35,946,562.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	31,243,271.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	0.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	11,342,639.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	6,307,401.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	6,864,949.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	7,912,001.
<b>23</b>		<b>23</b>	54,154,150.
<b>24</b>		<b>24</b>	50,795,009.
<b>25</b>		<b>25</b>	14,764,598.
<b>26</b>		<b>26</b>	3,873,195.
<b>27</b>		<b>27</b>	58,652,292.
<b>28</b>		<b>28</b>	59,092,473.
<b>29</b>		<b>29</b>	12,686,865.
<b>30</b>		<b>30</b>	10,992,638.
<b>31</b>		<b>31</b>	45,965,427.
<b>32</b>		<b>32</b>	48,099,835.

**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.

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px;">REBECCA BILLINGS, CFO</div> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">MARY TORRETTA</div>	Preparer's signature	Date
		Check <input type="checkbox"/> if self-employed	PTIN <div style="border: 1px solid black; padding: 2px;">P00847851</div>
	Firm's name <div style="border: 1px solid black; padding: 2px;">GRANT THORNTON ADVISORS LLC</div>	Firm's EIN <div style="border: 1px solid black; padding: 2px;">99-1856619</div>	
	Firm's address <div style="border: 1px solid black; padding: 2px;">1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209</div>	Phone no. (703) 847-7500	

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

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>UNITED WAY OF METROPOLITAN DALLAS, INC</b>	Taxpayer identification number (TIN) <b>75-6005352</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1800 N. LAMAR STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS, TX 75202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

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

Telephone No. **214-978-0000** Fax No. \_\_\_\_\_

- 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) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2024)

**Part III** Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

UWMD IS A COMMUNITY-BASED SOCIAL CHANGE ORGANIZATION THAT BELIEVES IN THE POWER OF UNITY TO CREATE LASTING CHANGE. FOR OVER 100 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 ☒ 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 ☒ 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 \$ 20,276,557. including grants of \$ 14,979,602. ) (Revenue \$ )

WE COLLABORATED WITH A BROAD SPECTRUM OF COMMUNITY PARTNERS TO DEVELOP OUR ASPIRE 2030 GOALS: OUR NORTH STAR FOR DRIVING TRANSFORMATIONAL CHANGE 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 HEALTHCARE INSURANCE.

(CONTINUED IN SCHEDULE O)

**4b** (Code: ) (Expenses \$ 18,730,672. including grants of \$ 14,114,036. ) (Revenue \$ )

UWMD BUILDS, LEADS AND SUPPORTS COLLABORATIVE PROGRAMS AND INITIATIVES THAT ENSURE MORE STUDENTS GRADUATE READY TO SUCCEED, MORE WORKERS BECOME FINANCIALLY STABLE AND MORE FAMILIES LIVE LONGER, HEALTHIER LIVES. EXAMPLES INCLUDE:

1. THE SOUTHERN DALLAS THRIVES INITIATIVE, CREATED IN PARTNERSHIP WITH PEPSICO FOUNDATION AND FRITO-LAY NORTH AMERICA, IS A SET OF PROGRAMS THAT INVESTS IN THE COMMUNITIES OF SOUTHERN DALLAS AND EXPANDS ACCESS TO EARLY EDUCATION, NUTRITION, COLLEGE AND CAREER READINESS, AND WORKFORCE DEVELOPMENT.

(CONTINUED IN SCHEDULE O)

**4c** (Code: ) (Expenses \$ 2,149,633. including grants of \$ 2,149,633. ) (Revenue \$ 490,298. )

DISTRIBUTING DONOR-DESIGNATED CONTRIBUTIONS TO NONPROFIT ORGANIZATIONS: UWMD ENABLES DONORS TO DESIGNATE THEIR GIFTS TO OTHER UNITED WAYS OR TO SPECIFIC AGENCIES. IN FISCAL YEAR 2023-24, UWMD PROCESSED \$2,149,633 IN DESIGNATIONS.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 41,156,862.Form **990** (2023)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 166	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 105		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	26			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		26		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b> 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>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**REBECCA BILLINGS - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SAMPSON PRESIDENT AND CEO	32.00 8.00			X				668,959.	0.	122,225.
(2) SUSAN E PEEK CHIEF IMPACT/STRATEGY OFFICER	34.00 6.00			X				447,731.	0.	41,355.
(3) JANICE W HARISSIS CFO (THRU 01/2024)	38.00 2.00			X				309,490.	0.	19,714.
(4) ROBERT SHEARER CHIEF COMM. OFFICER (THRU 01/2024)	38.00 2.00				X			208,373.	0.	35,424.
(5) ASHLEY O BRUNDAGE (THRU 5/2024) EXEC. DIRECTOR, HOUSING STABILITY	40.00 0.00				X			205,837.	0.	35,966.
(6) SHANNON NAIL VP, DEV. STRATEGY (THRU 04/2024)	40.00 0.00					X		167,917.	0.	31,594.
(7) SUSAN D HUTCHESON VP, LEADERSHIP GIVING	40.00 0.00					X		151,228.	0.	34,140.
(8) KELEM BUTTS VP, CSR STRATEGY	40.00 0.00					X		163,275.	0.	8,959.
(9) ANGELA FLOYD VP, IT & GIFT PROCESSING	40.00 0.00					X		139,199.	0.	24,986.
(10) KATHY LIMMER CHIEF GROWTH OFFICER	40.00 0.00					X		138,128.	0.	12,562.
(11) JENNIFER A REEVES CORPORATE SECRETARY	40.00 0.00			X				103,645.	0.	23,613.
(12) REBECCA BILLINGS CFO (AS OF 12/2023)	38.00 2.00			X				20,833.	0.	0.
(13) STEVEN WILLIAMS BOARD CHAIR	5.00 0.00	X		X				0.	0.	0.
(14) CHARLENE LAKE IMMEDIATE PAST CHAIR	2.00 0.00	X		X				0.	0.	0.
(15) ANTONIO CARRILLO BOARD VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(16) MICHELLE VOPNI TREASURER	5.00 0.00	X		X				0.	0.	0.
(17) TERRI WEST UWFMD CHAIR/COMP. CHR	2.00 5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN BERNER AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(19) KARL BOVEE AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(20) JORGE CORRAL AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(21) PASCAL DESROCHES AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(22) RICHARD FEDOCK AUDIT AND ETHICS CHAIR	5.00 0.00	X						0.	0.	0.
(23) REGEN HORCHOW AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(24) SCOTT HUDSON AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(25) RONIT ILAN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(26) CHRISTY ALKIDAS JACOBY AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,724,615.	0.	390,538.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,724,615.	0.	390,538.

**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

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- 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
- 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
- 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

	Yes	No
3		X
4	X	
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 & SCIENCE LLC, 200 VARICK STREET, 11TH FLOOR, NEW YORK, NY 10014	ADVERTISING & MEDIA PURCHASES	397,658.
GOODR FOUNDATION, 691 JOHN WESLEY DOBBS AVE NE, SUITE A, ATLANTA, GA 30312	POP-UP PROVIDER	348,583.
COSPERO CONSULTING 6806 CLIFFWOOD DRIVE, DALLAS, TX 75237	CONSULTING SERVICES	289,479.
DALWORTH RESTORATION 12750 S PIPELINE RD #2A, EULESS, TX 76040	RECONSTRUCTION/REMODELING	248,127.
ESSENTIAL LEADERSHIP, LLC, 3401 LEE PARKWAY, SUITE 204, DALLAS, TX 75219	CONSULTING SERVICES	195,159.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) SANDI KARRMANN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(28) ANGELA MARTIN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(29) DAVID MARTIN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(30) GAIL MCDONALD AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(31) SCOTT MOORE AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(32) SANDRA PHILLIPS ROGERS AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(33) LORI RYERKERK AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(34) JENNIFER SAENZ AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(35) JEAN SAVAGE AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(36) PETER SEFZIK AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(37) CYNTHIA TROCHU AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(38) BOB WRIGHT COMMUNITY IMPACT CHAIR	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	302,405.			
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>	2,695,000.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	9,935,044.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	40,066,592.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 339,381.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		52,999,041.			
<b>Program Service Revenue</b>	<b>2 a</b>	DESIGNATION PROCESSING FEES	<b>Business Code</b>	561000	490,298.	490,298.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		490,298.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		401,898.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
<b>b</b>		Less: rental expenses ...	<b>6b</b>				
<b>c</b>		Rental income or (loss) .....	<b>6c</b>				
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
<b>b</b>		Less: cost or other basis and sales expenses .....	<b>7b</b>				
<b>c</b>		Gain or (loss) .....	<b>7c</b>				
<b>d</b>		Net gain or (loss) .....					
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
<b>b</b>		Less: direct expenses .....	<b>8b</b>				
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
<b>b</b>		Less: direct expenses .....	<b>9b</b>				
<b>c</b>		Net income or (loss) from gaming activities .....					
<b>10 a</b>		Gross sales of inventory, less returns and allowances .....	<b>10a</b>				
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	REIMBURSEMENT ADMIN EXP	<b>Business Code</b>	900099	714,000.		714,000.
	<b>b</b>	INSURANCE REIMBURSEMENT		900099	49,516.		49,516.
	<b>c</b>						
	<b>d</b>	All other revenue .....		900099	13,451.		13,451.
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			776,967.		
	<b>12</b>	<b>Total revenue.</b> See instructions .....			54,668,204.	490,298.	0.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,179,293.	31,179,293.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	63,978.	63,978.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,390,404.	917,394.	396,854.	1,076,156.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,320,202.	3,641,712.	1,213,887.	2,464,603.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	383,967.	165,545.	104,146.	114,276.
<b>9</b> Other employee benefits	882,603.	416,210.	243,092.	223,301.
<b>10</b> Payroll taxes	662,561.	318,033.	105,209.	239,319.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	241,648.	63,229.	135,537.	42,882.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,687,694.	1,237,319.	828,940.	621,435.
<b>12</b> Advertising and promotion	1,377,779.	1,023,219.	18,104.	336,456.
<b>13</b> Office expenses	114,364.	61,934.	22,693.	29,737.
<b>14</b> Information technology	805,999.	549,461.	117,526.	139,012.
<b>15</b> Royalties				
<b>16</b> Occupancy	271,265.	168,715.	23,502.	79,048.
<b>17</b> Travel	74,185.	43,582.	4,489.	26,114.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,039,140.	283,119.	13,401.	742,620.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	383,639.	311,400.	25,090.	47,149.
<b>22</b> Depreciation, depletion, and amortization	648,781.	526,616.	42,430.	79,735.
<b>23</b> Insurance	121,447.	91,550.	9,866.	20,031.
<b>24</b> 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.)				
<b>a MEMBERSHIP DUES</b>	36,142.	22,607.	11,307.	2,228.
<b>b EXTERNAL GIFTS</b>	35,942.	11,772.	9,501.	14,669.
<b>c SUBSCRIPTION &amp; REFERENC</b>	9,644.	4,365.	2,139.	3,140.
<b>d EMPLOYEE RELATIONS</b>	6,909.	3,180.	1,448.	2,281.
<b>e</b> All other expenses	57,423.	52,629.	1,585.	3,209.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	50,795,009.	41,156,862.	3,330,746.	6,307,401.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,768,687.	<b>1</b>	3,477,780.
	<b>2</b> Savings and temporary cash investments .....	4,582,252.	<b>2</b>	9,734,546.
	<b>3</b> Pledges and grants receivable, net .....	29,019,311.	<b>3</b>	23,959,796.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	274,374.	<b>9</b>	410,059.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,741,355.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,739,434.	<b>10c</b>	4,001,921.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	16,511,191.	<b>15</b>	17,508,371.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	58,652,292.	<b>16</b>	59,092,473.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,061,249.	<b>17</b>	2,380,131.
	<b>18</b> Grants payable .....	7,500,000.	<b>18</b>	7,520,398.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	2,125,616.	<b>25</b>	1,092,109.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,686,865.	<b>26</b>	10,992,638.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,566,660.	<b>27</b>	9,676,667.
	<b>28</b> Net assets with donor restrictions .....	35,398,767.	<b>28</b>	38,423,168.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	45,965,427.	<b>32</b>	48,099,835.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	58,652,292.	<b>33</b>	59,092,473.

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,668,204.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	50,795,009.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,873,195.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	45,965,427.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,242.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-1,737,545.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	48,099,835.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</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 _____	<b>3b</b>	<input checked="" type="checkbox"/>

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53655309.	57871691.	62583431.	67399440.	52999041.	294508912
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	53655309.	57871691.	62583431.	67399440.	52999041.	294508912
<b>5</b> 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) .....						62403775.
<b>6 Public support.</b> Subtract line 5 from line 4.						232105137

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	53655309.	57871691.	62583431.	67399440.	52999041.	294508912
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	162,532.	105,229.	21,718.	154,881.	401,898.	846,258.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	89,810.	116,588.	32,774.	890,087.	776,967.	1906226.
<b>11 Total support.</b> Add lines 7 through 10						297261396
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,241,620.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	78.08	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	79.40	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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**

2019 AMOUNT: \$ 3,386.

2020 AMOUNT: \$ 18,933.

2021 AMOUNT: \$ 13,524.

2022 AMOUNT: \$ 16,995.

2023 AMOUNT: \$ 0.

**FLEX CREDIT**

2019 AMOUNT: \$ 52,919.

2020 AMOUNT: \$ 46,656.

2021 AMOUNT: \$ 14,500.

2022 AMOUNT: \$ 17,578.

2023 AMOUNT: \$ 0.

**INSURANCE COMPANY DIVIDEND**

2019 AMOUNT: \$ 13,523.

2020 AMOUNT: \$ 43,559.

2021 AMOUNT: \$ 4,750.

2022 AMOUNT: \$ 844,350.

2023 AMOUNT: \$ 49,516.

**DEFERRED COMPENSATION**

2019 AMOUNT: \$ 19,982.

2020 AMOUNT: \$ 7,440.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 11,164.

**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.)

2023 AMOUNT: \$ 13,451.

REIMBURSEMENT ADMIN EXP

2023 AMOUNT: \$ 714,000.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

UNITED WAY OF METROPOLITAN DALLAS, INC

75-6005352

**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>		\$ <u>5,388,004.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>4,858,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,724,154.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,695,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,098,123.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF METROPOLITAN DALLAS, INC

75-6005352

**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		\$ 1,830,109.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,610,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,538,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,120,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**UNITED WAY OF METROPOLITAN DALLAS, INC****75-6005352****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)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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

**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-.

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

Schedule C (Form 990) 2023

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		173,024.	0.
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		15,203.	0.
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		188,227.	0.
<b>d</b> Other exempt purpose expenditures		50,606,782.	0.
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		50,795,009.	0.
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	0.
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	0.
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	216,716.	185,649.	241,377.	188,227.	831,969.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	211,716.	180,649.	231,208.	173,024.	796,597.

Schedule C (Form 990) 2023



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ..... \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2023

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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 in 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	55,418,029.	47,540,036.	54,572,331.	43,865,673.	47,147,486.
b Contributions	2,082,522.	3,752,191.	2,806,865.	1,376,636.	2,242,870.
c Net investment earnings, gains, and losses	8,542,299.	6,656,349.	-7,728,000.	12,536,616.	1,682,382.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,695,000.	2,530,547.	2,111,160.	3,206,594.	3,182,266.
f Administrative expenses					4,024,799.
g End of year balance	63,347,850.	55,418,029.	47,540,036.	54,572,331.	43,865,673.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 50.8700 %

b Permanent endowment 47.5600 %

c Term endowment 1.5700 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒ Yes ☐ No

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.	6,406,239.	2,353,134.
c Leasehold improvements		2,331,390.	1,064,257.	1,267,133.
d Equipment		1,326,947.	1,171,660.	155,287.
e Other		112,386.	97,278.	15,108.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,001,921.

Schedule D (Form 990) 2023

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	12,453,340.
(2) DUE FROM UNITED WAY FOUNDATION	4,777,493.
(3) DEFERRED COMPENSATION	277,538.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	17,508,371.

**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) DONOR DESIGNATIONS	1,092,109.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,092,109.

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 ... ☒

Schedule D (Form 990) 2023

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	51,177,399.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,242.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	397,615.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-3,887,178.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,490,805.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	54,668,204.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	54,668,204.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	49,042,991.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	397,615.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-2,149,633.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,752,018.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	50,795,009.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	50,795,009.

**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' (FOUNDATION) ENDOWMENT AS A SUPPORTED ORGANIZATION. THE FOUNDATION MANAGES LONG-TERM AND ENDOWED FUNDS TO SUPPORT THE MISSION, INITIATIVES, AND PROGRAMS OF UWMD. THE FOUNDATION'S GROWING ENDOWMENT, ORIGINALLY ESTABLISHED IN 1994 WITH A GENEROUS CONTRIBUTION FROM TXU, PROVIDES A PERMANENT SOURCE OF FUNDING TO ENSURE THE ORGANIZATION'S ABILITY TO DRIVE MEASURABLE CHANGE ACROSS NORTH TEXAS FOR FUTURE GENERATIONS.

**PART X, LINE 2:****LIABILITY FOR UNCERTAIN TAX POSITIONS (ASC 740):**

**Part XIII** Supplemental Information (continued)

BOTH UNITED WAY AND THE FOUNDATION FOLLOW GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

BOTH UNITED WAY AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), THOUGH ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. UNITED WAY AND THE FOUNDATION HAVE PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF THEIR TAX-EXEMPT STATUSES; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE THEIR FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. UNITED WAY AND THE FOUNDATION HAVE DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES	-3,891,502.
CHANGE OF INTEREST HELD IN TRUSTS	4,324.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-3,887,178.

**Part XIII** Supplemental Information (continued)

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES -2,149,633.

## RECONCILIATION OF ASSETS AND LIABILITIES TO FINANCIALS:

UWMD IS A BENEFICIARY OF THE FOUNDATION AS A SUPPORTED ORGANIZATION. THE FOUNDATION MANAGES LONG-TERM AND ENDOWED FUNDS TO SUPPORT THE MISSION, INITIATIVES, AND PROGRAMS OF UWMD. THE FOUNDATION'S GROWING ENDOWMENT, ORIGINALLY ESTABLISHED IN 1994 WITH A GENEROUS CONTRIBUTION FROM TXU, PROVIDES A PERMANENT SOURCE OF FUNDING TO ENSURE THE ORGANIZATION'S ABILITY TO DRIVE MEASURABLE CHANGE ACROSS NORTH TEXAS FOR FUTURE GENERATIONS.

	UWMD	UWFMD	ELIMINATIONS	CONSOLIDATED
TOTAL ASSETS	59,092,473	71,313,885	(4,777,493)	125,628,865
TOTAL LIABILITIES	10,992,638	4,846,969	(4,777,493)	11,062,114
NET ASSETS	48,099,835	66,466,916	0	114,566,751

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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. 2603 MARTIN LUTHER KING JR BLVD DALLAS, TX 75208	84-3727348	501(C)(3)	29,563.	0.			PROGRAM OPS COST
ABIDE WOMEN'S HEALTH SERVICES 2612 MARTIN LUTHER KING JR. DALLAS, TX 75215	82-3303040	501(C)(3)	323,704.	0.			PROGRAM OPS COST
ADVOCATE FOUNDATION DBA DALLAS FREE PRESS - 6301 GASTON AVE., SUITE 820 - DALLAS, TX 75214	20-5245262	501(C)(3)	24,500.	0.			PROGRAM OPS COST
AES LITERACY INSTITUTE 8204 ELMBROOK DRIVE DALLAS, TX 75247	83-3899952	501(C)(3)	45,000.	0.			PROGRAM OPS COST
AFTER-SCHOOL ALL-STARS NORTH TEXAS 5670 WILSHIRE BOULEVARD 620 LOS ANGELES, CA 90036	95-4441208	501(C)(3)	118,197.	0.			PROGRAM OPS COST
AGAPE RESOURCE & ASSISTANCE CENTER, INC. - 1315 19TH ST., SUITE 3A - PLANO, TX 75074	75-2942035	501(C)(3)	60,000.	0.			PROGRAM OPS COST

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **269.**

**3** Enter total number of other organizations listed in the line 1 table ..... **16.**

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS ARMS, INC. 351 W. JEFFERSON BLVD SUITE 300 DALLAS, TX 75287	75-2306145	501(C)(3)	50,000.	0.			PROGRAM OPS COST
ALLEN COMMUNITY OUTREACH 801 E. MAIN STREET ALLEN, TX 75002	75-1986190	501(C)(3)	9,779.	0.			DONOR DESIGNATIONS
ALZHEIMER'S ASSN, GREATER DALLAS CHPTR - 2630 WEST FREEWAY 100 - FORT WORTH, TX 76102	13-3039601	501(C)(3)	7,879.	0.			DONOR DESIGNATIONS
AMAZING GRACE FOOD PANTRY 1711 PARKER RD WYLIE, TX 75098	81-4228493	501(C)(3)	12,177.	0.			DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY-DALLAS 405 WILLIAMS COURT, SUITE 120 BALTIMORE, MD 21220	13-1788491	501(C)(3)	10,722.	0.			DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY-SOUTHFIELD 20450 CIVIC CENTER DR SOUTHFIELD, MI 48076	13-1788491	501(C)(3)	6,168.	0.			DONOR DESIGNATIONS
AMERICAN HEART ASSOCIATION 4600 CAMPUS DR. IRVINE, CA 92617	13-5613797	501(C)(3)	7,997.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS DALLAS AREA CHAPTER - 4800 HARRY HINES BOULEVARD - DALLAS, TX 75235	53-0196605	501(C)(3)	15,634.	0.			DONOR DESIGNATIONS
ANY STEP COMMUNITY SERVICES 4401 WINDSOR DRIVE GARLAND, TX 75042	82-2534634	501(C)(3)	7,500.	0.			PROGRAM OPS COST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCEND DALLAS (WINGS) 1903 ANSON ROAD, SUITE 1400 DALLAS, TX 75235	75-0800699	501(C)(3)	380,000.	0.			PROGRAM OPS COST
ASSOCIATION OF NIGERIAN WOMEN ENTREPRENEURS AND PROFESSIONALS, ANWEP - 3010 LBJ FWY, SUITE 1200 - DALLAS, TX 75234	82-2381977	501(C)(3)	22,800.	0.			PROGRAM OPS COST
AUSTIN STREET CENTER 2023 LUCAS DR DALLAS, TX 75219	75-1881365	501(C)(3)	138,000.	0.			PROGRAM OPS COST
AUSTIN STREET CENTER 2023 LUCAS DR DALLAS, TX 75219	75-1881365	501(C)(3)	11,738.	0.			DONOR DESIGNATIONS
AUTISTIC TREATMENT CENTER 10503 METRIC DRIVE DALLAS, TX 75243	75-1518193	501(C)(3)	13,319.	0.			PROGRAM OPS COST
AVANCE DALLAS 2060 SINGLETON BLVD, STE. 103 DALLAS, TX 75212	75-2699260	501(C)(3)	629,482.	0.			PROGRAM OPS COST
BACHMAN LAKE TOGETHER 3963 MAPLE AVENUE, SUITE 390 DALLAS, TX 75219	75-2890371	501(C)(3)	40,000.	0.			PROGRAM OPS COST
BAYLOR HEALTH CARE SYSTEM DALLAS FOUNDATION - 301 NORTH WASHINGTON AVE. - DALLAS, TX 75246	75-1606705	501(C)(3)	155,250.	0.			PROGRAM OPS COST
BAYLOR UNIVERSITY ONE BEAR PLACE, #76360 WACO, TX 94104	74-1159753	501(C)(3)	97,750.	0.			PROGRAM OPS COST

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BCL OF TEXAS 1011 SAN JACINTO BLVD., SUITE 500 AUSTIN, TX 78701	74-2581297	501(C)(3)	100,000.	0.			PROGRAM OPS COST
BEACON HILL PREPARATORY INSTITUTE 1402 CORINTH STREET, SUITE 257 DALLAS, TX 75215	42-1624235	501(C)(3)	295,250.	0.			PROGRAM OPS COST
BIG BROTHERS BIG SISTERS LONE STAR 450 EAST JOHN CARPENTER FREEWAY IRVING, TX 75062	75-0800632	501(C)(3)	138,000.	0.			PROGRAM OPS COST
BIG BROTHERS BIG SISTERS LONE STAR 450 EAST JOHN CARPENTER FREEWAY IRVING, TX 75062	75-0800632	501(C)(3)	9,566.	0.			DONOR DESIGNATIONS
BIG THOUGHT 1409 BOTHAM JEAN BLVD, 1015 DALLAS, TX 75215	75-2170035	501(C)(3)	89,100.	0.			PROGRAM OPS COST
BLACK HEART ASSOCIATION 1029 KAYLIE ST. GRAND PRAIRIE, TX 75052	82-1011939	501(C)(3)	70,000.	0.			PROGRAM OPS COST
BLACK UNITED FUND OF MICHIGAN 7650 2ND AVE STE 120 DETROIT, MI 48202	38-1964012	501(C)(3)	36,646.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF COLLIN COUNTY - 7790 MAIN STREET, SUITE 117 - FRISCO, TX 75033	75-1296869	501(C)(3)	80,500.	0.			PROGRAM OPS COST
BOYS & GIRLS CLUBS OF GREATER DALLAS - 4816 WORTH STREET - DALLAS, TX 75246	75-1152657	501(C)(3)	346,000.	0.			PROGRAM OPS COST

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BOYS & GIRLS CLUBS OF GREATER DALLAS - 4816 WORTH STREET - DALLAS, TX 75246	75-1152657	501(C)(3)	34,079.	0.			DONOR DESIGNATIONS
BRASWELL CHILD DEVELOPMENT 2203 S 2ND AVENUE DALLAS, TX 75210	75-2538361	501(C)(3)	68,877.	0.			PROGRAM OPS COST
BRIDGE STEPS DBA THE BRIDGE 1818 CORSICANA DALLAS, TX 75201	45-3452817	501(C)(3)	45,000.	0.			PROGRAM OPS COST
BROTHER BILL'S HELPING HAND 3906 N WESTMORELAND DALLAS, TX 75212	75-6027740	501(C)(3)	100,363.	0.			PROGRAM OPS COST
BRYAN'S HOUSE (OPEN ARMS) 3610 PIPESTONE ROAD DALLAS, TX 75212	75-2217559	501(C)(3)	7,647.	0.			DONOR DESIGNATIONS
C5 TEXAS P.O. BOX 191125 DALLAS, TX 75219	26-2495318	501(C)(3)	50,000.	0.			PROGRAM OPS COST
CAFE MOMENTUM 1510 PACIFIC AVENUE DALLAS, TX 75201	32-0384561	501(C)(3)	87,003.	0.			PROGRAM OPS COST
CAFE MOMENTUM 1510 PACIFIC AVENUE DALLAS, TX 75201	32-0384561	501(C)(3)	6,360.	0.			DONOR DESIGNATIONS
CARDBOARD PROJECT 4008 CAVALRY DR PLANO, TX 75023	81-4431217	501(C)(3)	1,092,000.	0.			PROGRAM OPS COST

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CARRY THE LOAD DALLAS P.O. BOX 261904 PLANO, TX 75026	27-4568835	501(C)(3)	6,139.	0.			DONOR DESIGNATIONS
CATCH UP & READ, INC 3001 KNOX ST., SUITE 207, SUITE 110 DALLAS, TX 75205	45-3533496	501(C)(3)	56,250.	0.			PROGRAM OPS COST
CATHOLIC CHARITIES OF DALLAS INC. 1421 W MOCKINGBIRD LN DALLAS, TX 75247	75-2745221	501(C)(3)	359,700.	0.			PROGRAM OPS COST
CATHOLIC CHARITIES OF DALLAS, INC. 1421 W MOCKINGBIRD LN DALLAS, TX 75247	75-2745221	501(C)(3)	131,743.	0.			DONOR DESIGNATIONS
CATHOLIC CHARITIES, DIOCESE OF FT. WORTH - P.O. BOX 15610 - FORT WORTH, TX 76119	75-0808769	501(C)(3)	6,318.	0.			DONOR DESIGNATIONS
CEDAR HILL INDEPENDENT SCHOOL DISTRICT - 285 UPTOWN BLVD, BLDG 300 - CEDAR HILL, TX 75104	75-6000346		16,000.	0.			PROGRAM OPS COST
CHALLENGE ISLAND - MID CITIES TEXAS LLC - 2301 POPLAR LN - COLLEYVILLE, TX 76034	86-3495504		16,538.	0.			PROGRAM OPS COST
CHILD AND FAMILY GUIDANCE CENTERS 8915 HARRY HINES BOULEVARD DALLAS, TX 75235	75-0800630	501(C)(3)	140,000.	0.			PROGRAM OPS COST
CHILD AND FAMILY GUIDANCE CENTERS 8915 HARRY HINES BOULEVARD DALLAS, TX 75235	75-0800630	501(C)(3)	8,274.	0.			DONOR DESIGNATIONS

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CHILDCAREGROUP 3000 PEGASUS PARK DRIVE SUITE 800 DALLAS, TX 75247	75-0800634	501(C)(3)	1,118,907.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	40,000.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER FOR ROCKWALL COUNTY - 1350 E. WASHINGTON STREET - ROCKWALL, TX 75087	47-4946358	501(C)(3)	55,000.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER FOR ROCKWALL COUNTY - 1350 E. WASHINGTON STREET - ROCKWALL, TX 75087	47-4946358	501(C)(3)	88,730.	0.			DONOR DESIGNATIONS
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BOULEVARD - PLANO, TX 75074	75-2389095	501(C)(3)	115,000.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BOULEVARD - PLANO, TX 75074	75-2389095	501(C)(3)	18,488.	0.			DONOR DESIGNATIONS
CHILDREN'S MEDICAL CENTER FOUNDATION - 1935 MEDICAL DISTRICT DRIVE - DALLAS, TX 75235	75-2062015	501(C)(3)	40,000.	0.			PROGRAM OPS COST
CHILDREN'S MEDICAL CENTER FOUNDATION - 1935 MEDICAL DISTRICT DRIVE - DALLAS, TX 75235	75-2062015	501(C)(3)	22,856.	0.			DONOR DESIGNATIONS
CHOCOLATE MINT FOUNDATION 201 EXECUTIVE WAY DESOTO, TX 75115	27-1589053	501(C)(3)	156,909.	0.			PROGRAM OPS COST

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CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	40,000.	0.			PROGRAM OPS COST
CIRCLE TEN COUNCIL, BOY SCOUTS OF AMERICA - 8605 HARRY HINES BLVD - DALLAS, TX 75235	75-0800615	501(C)(3)	70,000.	0.			PROGRAM OPS COST
CIRCLE TEN COUNCIL, BOY SCOUTS OF AMERICA - 8605 HARRY HINES BLVD - DALLAS, TX 75235	75-0800615	501(C)(3)	6,682.	0.			DONOR DESIGNATIONS
CITY HOUSE, INC. 830 CENTRAL PARKWAY EAST, SUITE 350 PLANO, TX 75074	75-2213291	501(C)(3)	40,000.	0.			PROGRAM OPS COST
CITY HOUSE, INC. 830 CENTRAL PARKWAY EAST, SUITE 350 PLANO, TX 75074	75-2213291	501(C)(3)	10,615.	0.			DONOR DESIGNATIONS
CITY OF DALLAS - OFFICE OF COMMUNITY CARE - CITY HALL, 2D SOUTH - DALLAS, TX 75277	75-6000508		195,431.	0.			PROGRAM OPS COST
CITY YEAR, INC 1922 THE ALAMEDA SUITE 104 SAN JOSE, CA 95126	22-2882549	501(C)(3)	100,000.	0.			PROGRAM OPS COST
CITY SQUARE 1610 S. MALCOLM X BLVD. DALLAS, TX 75226	75-2332948	501(C)(3)	638,775.	0.			PROGRAM OPS COST
CITY SQUARE 1610 S. MALCOLM X BLVD. DALLAS, TX 75226	75-2332948	501(C)(3)	7,656.	0.			DONOR DESIGNATIONS

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COLLIN COUNTY BLACK CHAMBER OF COMMERCE - 6600 CHASE OAK BLVD, STE 150 - PLANO, TX 75023	56-2609309	501(C)(3)	25,000.	0.			PROGRAM OPS COST
COMMIT! 3000 PEGASUS PARK DR., SUITE 900 DALLAS, TX 75247	80-0790222	501(C)(3)	77,000.	0.			PROGRAM OPS COST
COMMUNITIES IN SCHOOLS OF NORTH TEXAS, INC. - 217 S. STEMMONS - LEWISVILLE, TX 75067	75-2496426	501(C)(3)	86,250.	0.			PROGRAM OPS COST
COMMUNITIES IN SCHOOLS OF THE DALLAS REGION - 1341 W. MOCKINGBIRD LANE 1000E - DALLAS, TX 75247	75-2044117	501(C)(3)	105,000.	0.			PROGRAM OPS COST
COMMUNITY COUNCIL OF GREATER DALLAS - 1341 W. MOCKINGBIRD LANE STE. 1000W, SUITE #1000W - DALLAS, TX 75247	75-0800631	501(C)(3)	220,000.	0.			PROGRAM OPS COST
COMP-U-DOPT, INC. 1602 AIRLINE DRIVE HOUSTON, TX 77009	26-1460311	501(C)(3)	1,505,200.	0.			PROGRAM OPS COST
CORNERSTONE ASSISTANCE NETWORK OF NORTH CENTRAL TEXAS - PO BOX 53 - PROSPER, TX 75078	27-2535979	501(C)(3)	40,000.	0.			PROGRAM OPS COST
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION INC - 1819 MARTIN LUTHER KING JR BLVD - DALLAS, TX 75215	75-2623357	501(C)(3)	37,500.	0.			PROGRAM OPS COST
CORNERSTONE CROSSROADS ACADEMY PO BOX 151062 DALLAS, TX 75315	11-3761734	501(C)(3)	11,159.	0.			DONOR DESIGNATIONS

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CORPORATION FOR A SKILLED WORKFORCE - 1100 VICTORS WAY, SUITE 10 - ANN ARBOR, MI 48108	38-2991143	501(C)(3)	147,212.	0.			PROGRAM OPS COST
COVENANT PURPOSE AND RESTORATION FAMILY CENTER INC - 2154 W. NW. HWY, SUITE# 205 - DALLAS, TX 75220	47-2112781	501(C)(3)	45,000.	0.			PROGRAM OPS COST
CRISTO REY DALLAS HIGH SCHOOL, INC. - 9701 SAN LEON AVE - DALLAS, TX 75217	46-3737066	501(C)(3)	44,100.	0.			PROGRAM OPS COST
CROSSROADS COMMUNITY SERVICES, INC. - 4500 SOUTH COCKRELL HILL ROAD - DALLAS, TX 75236	47-2676714	501(C)(3)	140,000.	0.			PROGRAM OPS COST
DALLAS AFTERSCHOOL 2902 SWISS AVENUE DALLAS, TX 75204	76-0838983	501(C)(3)	140,000.	0.			PROGRAM OPS COST
DALLAS AREA HABITAT FOR HUMANITY 2800 N HAMPTON ROAD DALLAS, TX 75212	75-2097161	501(C)(3)	9,751.	0.			DONOR DESIGNATIONS
DALLAS BLACK DANCE THEATRE, INC. P.O. BOX 131290 DALLAS, TX 75313	75-1756215	501(C)(3)	9,000.	0.			PROGRAM OPS COST
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	218,900.	0.			PROGRAM OPS COST
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	7,539.	0.			DONOR DESIGNATIONS

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DALLAS COLLEGE FOUNDATION, INC. 1601 BOTHAM JEAN BLVD DALLAS, TX 75215	23-7326612	501(C)(3)	165,000.	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)	608,444.	0.			PROGRAM OPS COST
DALLAS EDUCATION ACADEMY 950 TIFFANY WAY DALLAS, TX 75218	75-1247831	501(C)(3)	50,000.	0.			PROGRAM OPS COST
DALLAS EDUCATION FOUNDATION 9400 NORTH CENTRAL EXPRESSWAY MB 19 DALLAS, TX 75231	20-5533398	501(C)(3)	81,550.	0.			PROGRAM OPS COST
DALLAS EDUCATION FOUNDATION 9400 NORTH CENTRAL EXPRESSWAY MB 19 DALLAS, TX 75231	20-5533398	501(C)(3)	17,580.	0.			DONOR DESIGNATIONS
DALLAS EVICTION ADVOCACY CENTER 2921 LEESHIRE DRIVE DALLAS, TX 75228	86-1742216	501(C)(3)	115,000.	0.			PROGRAM OPS COST
DALLAS HOUSING COALITION 1500 PECOS STREET, #4 DALLAS, TX 75204	93-3586001	501(C)(3)	15,000.	0.			PROGRAM OPS COST
DALLAS INDEPENDENT SCHOOL DISTRICT 9400 N. CENTRAL EXPWY DALLAS, TX 75231	75-6001278		228,763.	0.			PROGRAM OPS COST
DALLAS LEADERSHIP FOUNDATION P.O. BOX 227455 DALLAS, TX 75222	75-2583815	501(C)(3)	25,000.	0.			PROGRAM OPS COST

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DALLAS SERVICES 5442 LA SIERRA DR. DALLAS, TX 75231	75-0958408	501(C)(3)	60,000.	0.			PROGRAM OPS COST
DEAF ACTION CENTER 3110 CEDAR PLAZA LANE DALLAS, TX 75235	75-1575599	501(C)(3)	64,000.	0.			PROGRAM OPS COST
DELIGHTED TO DOULA BIRTH SERVICES 5600 ROSS AVENUE, SUITE 100 DALLAS, TX 75206	83-3622258	501(C)(3)	68,750.	0.			PROGRAM OPS COST
DENTON COUNTY FRIENDS OF THE FAMILY - 4845 INTERSTATE 35E - CORINTH, TX 76210	75-1734175	501(C)(3)	75,000.	0.			PROGRAM OPS COST
EAST/CENTRAL TEXAS UNITED WAY P.O. BOX 35 PALESTINE, TX 75802	75-1298545	501(C)(3)	7,332.	0.			DONOR DESIGNATIONS
EDUCATION IS FREEDOM 1111 W. MOCKINGBIRD LANE 1300B, STE DALLAS, TX 75247	04-3643313	501(C)(3)	7,554.	0.			DONOR DESIGNATIONS
EDUCATION OPENS DOORS, INC. PO BOX 601971 DALLAS, TX 75360	46-0781846	501(C)(3)	33,333.	0.			PROGRAM OPS COST
EMPOWERING THE MASSES 2922 MARTIN LUTHER KING JR. BLVD. DALLAS, TX 75215	82-4300966	501(C)(3)	189,100.	0.			PROGRAM OPS COST
ENTRYWAY 1921 GALLOWS ROAD, SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	50,000.	0.			PROGRAM OPS COST

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EQUAL HEART 4848 LEMMON AVENUE #513 DALLAS, TX 75219	46-2846816	501(C)(3)	40,000.	0.			PROGRAM OPS COST
EXCELLENCE BY DESIGN EDUCATION CENTER - 3650 W. CAMP WISDOM ROAD, SUITE 200 - DALLAS, TX 75237	47-3505374	501(C)(3)	6,409.	0.			PROGRAM OPS COST
FAMILIES TO FREEDOM 1720 REGAL ROW, SUITE 135 DALLAS, TX 75235	47-3184478	501(C)(3)	40,000.	0.			PROGRAM OPS COST
FAMILY CARE CONNECTION PO BOX 763383 DALLAS, TX 75376	20-1211618	501(C)(3)	291,119.	0.			PROGRAM OPS COST
FAMILY COMPASS 4210 JUNIUS STREET, SECOND FLOOR DALLAS, TX 75246	75-2400158	501(C)(3)	110,000.	0.			PROGRAM OPS COST
FAMILY GATEWAY, INC 1421 W. MOCKINGBIRD LANE, SUITE C DALLAS, TX 75247	75-2105579	501(C)(3)	235,656.	0.			PROGRAM OPS COST
FAMILY GATEWAY, INC. 1421 W. MOCKINGBIRD LANE, SUITE C DALLAS, TX 75247	75-2105579	501(C)(3)	5,542.	0.			DONOR DESIGNATIONS
FAMILY PLACE P.O. BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	350,000.	0.			PROGRAM OPS COST
FAMILY PLACE P.O. BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	20,532.	0.			DONOR DESIGNATIONS

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FERST FOUNDATION FOR CHILDHOOD LITERACY - 237 N SECOND STREET - MADISON, GA 30650	58-2489181	501(C)(3)	442,100.	0.			PROGRAM OPS COST
FII - NATIONAL (UPTOGETHER) 663 13TH ST., SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	120,000.	0.			PROGRAM OPS COST
FIRST3YEARS 15851 DALLAS PARKWAY, #106 ADDISON, TX 75001	75-2067421	501(C)(3)	40,000.	0.			PROGRAM OPS COST
FOR LOVE & ART 4848 LEMMON AVENUE DALLAS, TX 75219	45-3765824	501(C)(3)	8,200.	0.			PROGRAM OPS COST
FOREMOST FAMILY HEALTH CENTERS P.O. BOX 150128 DALLAS, TX 75315	75-2098992	501(C)(3)	44,100.	0.			PROGRAM OPS COST
FORNEY AREA UNITED WAY P.O. BOX 821 FORNEY, TX 75126	75-1742830	501(C)(3)	8,730.	0.			DONOR DESIGNATIONS
FOSTER KIDS CHARITY 12830 HILLCREST ROAD, STE. 111 DALLAS, TX 75230	35-2409387	501(C)(3)	20,300.	0.			PROGRAM OPS COST
FOUNDATION COMMUNITIES 3000 S-IH 35, SUITE 300 AUSTIN, TX 78704	74-2563260	501(C)(3)	291,578.	0.			PROGRAM OPS COST
FRAZIER REVITALIZATION, INC PO BOX 152926 DALLAS, TX 75315	20-3395474	501(C)(3)	44,026.	0.			PROGRAM OPS COST

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

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FRIENDS OF MLK P.O. BOX 225431 DALLAS, TX 75222	94-3433234	501(C)(3)	25,000.	0.			PROGRAM OPS COST
FRIENDS OF THE DALLAS PUBLIC LIBRARY - 1515 YOUNG STREET, 7TH FLOOR - DALLAS, TX 75201	75-2033106	501(C)(3)	42,792.	0.			PROGRAM OPS COST
GENESIS WOMEN'S SHELTER AND SUPPORT - 2023 LUCAS DR. - DALLAS, TX 75219	87-1061849	501(C)(3)	164,500.	0.			PROGRAM OPS COST
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE DALLAS, TX 75252	75-1101571	501(C)(3)	164,500.	0.			PROGRAM OPS COST
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE DALLAS, TX 75252	75-1101571	501(C)(3)	38,166.	0.			DONOR DESIGNATIONS
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL DRIVE - DALLAS, TX 75235	75-1305705	501(C)(3)	108,500.	0.			PROGRAM OPS COST
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL DRIVE - DALLAS, TX 75235	75-1305705	501(C)(3)	13,097.	0.			DONOR DESIGNATIONS
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFIT DETROIT, MI 48207	38-2156255	501(C)(3)	10,012.	0.			DONOR DESIGNATIONS
GOODWILL INDUSTRIES OF DALLAS, INC. - 3020 N. WESTMORELAND ROAD - DALLAS, TX 75212	75-0800649	501(C)(3)	435,560.	0.			PROGRAM OPS COST

Schedule I (Form 990)

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GRANT HALLIBURTON FOUNDATION 3000 PEGASUS PARK DRIVE, SUITE 750 DALLAS, TX 75247	20-5643050	501(C)(3)	40,079.	0.			PROGRAM OPS COST
GREATER LONGVIEW UNITED WAY, INC. 310 SOUTH FREDONIA LONGVIEW, TX 75601	75-0998908	501(C)(3)	13,621.	0.			DONOR DESIGNATIONS
HAKING INNOVATION 5706 E. MOCKINGBIRD LN., #115-25 DALLAS, TX 75206	84-1805078	501(C)(3)	15,000.	0.			PROGRAM OPS COST
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DR. - DALLAS, TX 75237	26-1245799	501(C)(3)	368,350.	0.			PROGRAM OPS COST
HEALTH SERVICES OF NORTH TEXAS, INC. - 306 N LOOP 288, STE. 200 - DENTON, TX 76209	75-2252866	501(C)(3)	126,000.	0.			PROGRAM OPS COST
HEALTHY FUTURES OF TEXAS 2300 W. COMMERCE ST., SUITE 212 SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	40,000.	0.			PROGRAM OPS COST
HEALTHY HIP HOP, INC. 9119 E. 89TH STREET KANSAS CITY, MO 64138	84-2981546		90,000.	0.			PROGRAM OPS COST
HEART HOUSE P.O. BOX 823162 DALLAS, TX 75382	75-2898097	501(C)(3)	46,000.	0.			PROGRAM OPS COST
HEART OF COURAGE (DBA CUP OF COURAGE) - 7441 MARVIN D LOVE FWY, SUITE 130 - DALLAS, TX 75237	81-3117972	501(C)(3)	25,842.	0.			PROGRAM OPS COST

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HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SW STE. 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	12,450.	0.			DONOR DESIGNATIONS
HENDERSON COUNTY UNITED WAY P.O.BOX 912 ATHENS, TX 75751	75-1638907	501(C)(3)	7,698.	0.			DONOR DESIGNATIONS
HOMEWARD BOUND, INC 315 SUNSET AVENUE DALLAS, TX 75208	74-2127841	501(C)(3)	40,000.	0.			PROGRAM OPS COST
HOPE RESTORED MISSIONS, LLC 1947 K AVENUE, SUITE B-100 PLANO, TX 75074	84-2252859	501(C)(3)	45,000.	0.			PROGRAM OPS COST
HOUSING FORWARD 3000 PEGASUS PARK DR. STE. 1020, ST DALLAS, TX 75247	75-2461679	501(C)(3)	57,606.	0.			PROGRAM OPS COST
HOUSING FORWARD 3000 PEGASUS PARK DR. STE. 1020, ST DALLAS, TX 75247	75-2461679	501(C)(3)	5,500.	0.			DONOR DESIGNATIONS
I LOOK LIKE LOVE INC. 2711 S. ERVAY #102 DALLAS, TX 75215	81-0807264	501(C)(3)	35,396.	0.			PROGRAM OPS COST
INCARNATION PLACE INC PO BOX 25323 DALLAS, TX 75225	82-0626524	501(C)(3)	63,000.	0.			PROGRAM OPS COST
INNOVATION CENTER OUTREACH P.O. BOX 2322 GRAPEVINE, TX 76099	92-1109629		26,983.	0.			PROGRAM OPS COST

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INSPIRING TOMORROW'S LEADERS 3662 W. CAMP WISDOM RD, #2044 DALLAS, TX 75237	90-0672495	501(C)(3)	50,000.	0.			PROGRAM OPS COST
INTERFAITH FAMILY SERVICES 1651 MATILDA STREET DALLAS, TX 75206	75-2028254	501(C)(3)	177,000.	0.			PROGRAM OPS COST
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 110 WEST ROAD SUITE 360, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	21,612.	0.			DONOR DESIGNATIONS
IRVING CARES 440 SOUTH NURSERY ROAD 101 IRVING, TX 75060	75-1436937	501(C)(3)	40,000.	0.			PROGRAM OPS COST
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD, SUITE 102 - DALLAS, TX 75248	75-1992728	501(C)(3)	388,100.	0.			PROGRAM OPS COST
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD, SUITE 102 - DALLAS, TX 75248	75-1992728	501(C)(3)	8,420.	0.			DONOR DESIGNATIONS
JUBILEE PARK & COMMUNITY CENTER 917 BANK ST DALLAS, TX 75223	75-2726296	501(C)(3)	138,600.	0.			PROGRAM OPS COST
JUNIOR ACHIEVEMENT OF DALLAS, INC. 3000 PEGASUS DR. #720, SUITE 720 DALLAS, TX 75247	75-0881589	501(C)(3)	8,738.	0.			DONOR DESIGNATIONS
KIDDOFIT LLC 4613 JASMINE TRAIL MIDLOTHIAN, TX 76065	83-4678156		32,933.	0.			PROGRAM OPS COST

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KIPP DALLAS-FORT WORTH, INC. PO BOX 674443 DALLAS, TX 75267	01-0639602	501(C)(3)	50,000.	0.			PROGRAM OPS COST
KIPP TEXAS, INC. PO BOX 674443 DALLAS, TX 75267	01-0639602	501(C)(3)	100,000.	0.			PROGRAM OPS COST
LEADERSHIP FORWARD MENTORING PROGRAM - 616 N. MADISON AVE. - DALLAS, TX 75208	82-0977074	501(C)(3)	40,000.	0.			PROGRAM OPS COST
LIFEPATH SYSTEMS FOUNDATION 1515 HERITAGE DRIVE, SUITE 105 MCKINNEY, TX 75069	61-1644629	501(C)(3)	29,238.	0.			DONOR DESIGNATIONS
LITEHOUSE WELLNESS 5931 GREENVILLE AVENUE #763 DALLAS, TX 75206	84-3884158	501(C)(3)	36,722.	0.			PROGRAM OPS COST
LITERACY ACHIEVES 4210 JUNIUS ST 5TH FLOOR DALLAS, TX 75246	75-2708992	501(C)(3)	105,000.	0.			PROGRAM OPS COST
LITERACY INSTRUCTION FOR TEXAS (LIFT) - 1610 S. MALCOLM X BLVD. 320, SUITE 702 - DALLAS, TX 75226	75-1095223	501(C)(3)	293,600.	0.			PROGRAM OPS COST
LONE STAR JUSTICE ALLIANCE 3809 S. 1ST STREET AUSTIN, TX 78704	82-2345921	501(C)(3)	165,000.	0.			PROGRAM OPS COST
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD. - DALLAS, TX 75212	75-1378664	501(C)(3)	677,051.	0.			PROGRAM OPS COST

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LUMIN EDUCATION 7130 LINDSLEY AVENUE DALLAS, TX 75223	75-1612054	501(C)(3)	708,003.	0.			PROGRAM OPS COST
MAD SCIENCE OF DALLAS 1501 RANDOLPH STREET, SUITE E4 CARROLLTON, TX 75006	20-4244716		24,750.	0.			PROGRAM OPS COST
MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS - 3003 SWISS AVE - DALLAS, TX 75204	46-3992618	501(C)(3)	90,000.	0.			PROGRAM OPS COST
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE ST MCKINNEY, TX 75069	75-1544507	501(C)(3)	9,984.	0.			DONOR DESIGNATIONS
METHODIST HEALTH SYSTEM FOUNDATION 1411 NORTH BECKLEY AVENUE DALLAS, TX 75203	75-1548343	501(C)(3)	102,000.	0.			PROGRAM OPS COST
METROCREST SERVICES 13801 HUTTON DRIVE STE. 150 FARMERS BRANCH, TX 75234	75-1548334	501(C)(3)	126,000.	0.			PROGRAM OPS COST
MI ESCUELITA PRESCHOOL, INC. 4231 MAPLE AVENUE DALLAS, TX 75219	75-1728505	501(C)(3)	210,000.	0.			PROGRAM OPS COST
MI ESCUELITA PRESCHOOL, INC. 4231 MAPLE AVENUE DALLAS, TX 75219	75-1728505	501(C)(3)	24,980.	0.			DONOR DESIGNATIONS
MILE HIGH UNITED WAY INC. 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	5,915.	0.			DONOR DESIGNATIONS

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MILES OF FREEDOM 2922 MARTIN LUTHER KING JR. BLVD, BUILDING A, SUITE 118B - DALLAS, TX 75215	45-4959062	501(C)(3)	91,000.	0.			PROGRAM OPS COST
MOMENTOUS INSTITUTE 106 EAST 10TH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	60,000.	0.			PROGRAM OPS COST
MOMENTOUS INSTITUTE 106 EAST 10TH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	11,130.	0.			DONOR DESIGNATIONS
MOSAIC FAMILY SERVICES, INC. 12225 GREENVILLE AVE 800, SUITE 800 DALLAS, TX 75243	75-2484565	501(C)(3)	252,000.	0.			PROGRAM OPS COST
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	26-1509133	501(C)(3)	115,500.	0.			PROGRAM OPS COST
NAMI NORTH TEXAS 2812 SWISS AVE DALLAS, TX 75204	75-1875023	501(C)(3)	97,500.	0.			PROGRAM OPS COST
NANCY LIEBERMAN CHARITIES 3797 SILVER OAKS LN. FRISCO, TX 75033	36-4642743	501(C)(3)	57,549.	0.			DONOR DESIGNATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 1050 N. POST OAK ROAD, STE. 240 - HOUSTON, TX 77055	13-5661935	501(C)(3)	7,273.	0.			DONOR DESIGNATIONS
NEW FRIENDS NEW LIFE P. O. BOX 192378 DALLAS, TX 75219	75-2820473	501(C)(3)	45,000.	0.			PROGRAM OPS COST

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NEXUS RECOVERY CENTER INCORPORATED 8733 LA PRADA DRIVE DALLAS, TX 75228	23-7169388	501(C)(3)	157,500.	0.			PROGRAM OPS COST
NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)	85,000.	0.			PROGRAM OPS COST
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	50,000.	0.			PROGRAM OPS COST
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	16,760.	0.			DONOR DESIGNATIONS
NPOWER 55 WASHINGTON STREET, SUITE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	344,597.	0.			PROGRAM OPS COST
OAK CLIFF EMPOWERED, INC. 400 S. ZANG BLVD., C-59 DALLAS, TX 75208	26-1372146	501(C)(3)	63,000.	0.			PROGRAM OPS COST
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	22,226.	0.			DONOR DESIGNATIONS
ORANGEWOOD CHILDREN'S FOUNDATION 1575 EAST 17TH STREET SANTA ANA, CA 92705	95-3616628	501(C)(3)	8,011.	0.			DONOR DESIGNATIONS
OUR FRIENDS PLACE 6500 GREENVILLE AVENUE, SUITE 620 DALLAS, TX 75238	75-2077719	501(C)(3)	50,000.	0.			PROGRAM OPS COST

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PARKLAND FOUNDATION FOR PARKLAND HEALTH & HOSPITAL SYSTEM - 1341 W MOCKINGBIRD LN STE 1100E, SUITE 1100E - DALLAS, TX 75247	75-2089180	501(C)(3)	157,500.	0.			PROGRAM OPS COST
PASOS FOR OAK CLIFF 2915 S. POLK ST. DALLAS, TX 75224	85-2833384	501(C)(3)	25,000.	0.			PROGRAM OPS COST
PAWS WITH A CAUSE NATIONAL HEADQUARTERS - 4646 SOUTH DIVISION - WAYLAND, MI 49348	38-2370342	501(C)(3)	11,575.	0.			DONOR DESIGNATIONS
PEDIPLACE 502 SOUTH OLD ORCHARD 126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	175,000.	0.			PROGRAM OPS COST
PER SCHOLAS 804 EAST 138TH STREET, #2 BRONX, NY 10454	04-3252955	501(C)(3)	162,465.	0.			PROGRAM OPS COST
PLAI PLACE LLC 4428 MAIN STREET, #200 DALLAS, TX 75226	81-3880410		12,000.	0.			PROGRAM OPS COST
PLYMOUTH COMMUNITY UNITED WAY 960 W. ANN ARBOR TRAIL STE. 2 PLYMOUTH, MI 48170	23-7327248	501(C)(3)	7,773.	0.			DONOR DESIGNATIONS
PRESERVE OWNER PROSPERITY 1401 BOTHEM JEAN BLVD DALLAS, TX 75215	93-1769412	501(C)(3)	25,000.	0.			PROGRAM OPS COST
PRISM HEALTH NORTH TEXAS 351 W. JEFFERSON BLVD SUITE 300 DALLAS, TX 75287	75-2306145	501(C)(3)	740,925.	0.			PROGRAM OPS COST

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PRISON ENTREPRENEURSHIP PROGRAM 4140 DIRECTORS ROW SUITE B, STE H7 HOUSTON, TX 77092	20-1384253	501(C)(3)	154,350.	0.			PROGRAM OPS COST
PROJECT BEAUTY 18208 PRESTON RD, STE D9-505 DALLAS, TX 75252	83-4653411	501(C)(3)	11,000.	0.			PROGRAM OPS COST
PROJECT STILL I RISE INC. P.O. BOX 153272 DALLAS, TX 75315	75-2927146	501(C)(3)	50,000.	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 2207 HARLANDALE AVE. DALLAS, TX 75216	47-4703462	501(C)(3)	100,000.	0.			PROGRAM OPS COST
RAINBOW DAYS, INC. 12221 MERIT DR., SUITE 1700 DALLAS, TX 75251	75-1844908	501(C)(3)	63,000.	0.			PROGRAM OPS COST
RAPE CRISIS CENTER OF COLLIN COUNTY DBA THE TURNING POINT - 3325 SILVERSTONE (CONFIDENTIAL) - PLANO, TX 75023	75-2065785	501(C)(3)	40,000.	0.			PROGRAM OPS COST
READERS 2 LEADERS 2800 N HAMPTON RD SUITE 120 DALLAS, TX 75212	90-0641325	501(C)(3)	186,750.	0.			PROGRAM OPS COST
READING PARTNERS - DALLAS 7950 ELMBROOK DR DALLAS, TX 75247	77-0568469	501(C)(3)	183,250.	0.			PROGRAM OPS COST

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RESOURCE CENTER OF DALLAS, INC. P. O. BOX 190869 DALLAS, TX 75219	75-1892059	501(C)(3)	151,000.	0.			PROGRAM OPS COST
RESOURCE CENTER OF DALLAS, INC. P. O. BOX 190869 DALLAS, TX 75219	75-1892059	501(C)(3)	7,042.	0.			DONOR DESIGNATIONS
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET, BLDG B ROCKWALL, TX 75087	75-2402276	501(C)(3)	70,000.	0.			PROGRAM OPS COST
ROSA ES ROJO, INC. PO BOX 250435 PLANO, TX 75025	81-3557997	501(C)(3)	60,000.	0.			PROGRAM OPS COST
SELSUFFI, INC. 1808 S. GOOD LATIMER EXPRESSWAY DALLAS, TX 75226	93-3520985		8,500.	0.			PROGRAM OPS COST
SENIOR CITIZENS OF GREATER DALLAS, INC. - 3910 HARRY HINES BLVD. - DALLAS, TX 75219	75-1085555	501(C)(3)	140,000.	0.			PROGRAM OPS COST
SHARED HOUSING CENTER, INC. 402 N. GOOD LATIMER EXPRESSWAY DALLAS, TX 75204	75-2137522	501(C)(3)	60,000.	0.			PROGRAM OPS COST
SHARING LIFE COMMUNITY OUTREACH, INC. - 3795 W. EMPORIUM CIRCLE - MESQUITE, TX 75150	75-2831756	501(C)(3)	54,430.	0.			PROGRAM OPS COST
SOCIETY OF ST. VINCENT DE PAUL OF NORTH TEXAS - 3826 GILBERT AVENUE - DALLAS, TX 75219	26-3273175	501(C)(3)	56,250.	0.			PROGRAM OPS COST

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SOUTH MILAM COUNTY UNITED WAY P.O. BOX 189 ROCKDALE, TX 76567	23-7082834	501(C)(3)	10,024.	0.			DONOR DESIGNATIONS
SOUTHERN DALLAS LINK 1020 SCOTLAND DR. #3115 DESOTO, TX 75115	82-2392922	501(C)(3)	120,000.	0.			PROGRAM OPS COST
SOUTHERN METHODIST UNIVERSITY 3140 DYER ST., MS# 261 DALLAS, TX 75275	75-0800689	501(C)(3)	100,000.	0.			PROGRAM OPS COST
SOUTHWESTERN DIABETIC FOUNDATION INC. - 10687 FM 678 - WHITESBORO, TX 76273	75-6002547	501(C)(3)	40,000.	0.			PROGRAM OPS COST
ST JUDE CHILDREN'S RESEARCH HOSPITAL - 5800 CAMPUS CIRCLE DRIVE EAST, SUITE 108-A - IRVING, TX 75063	35-1044585	501(C)(3)	5,180.	0.			DONOR DESIGNATIONS
ST. PHILIPS SCHOOL AND COMMUNITY CENTER FOUNDATION - 1600 PENNSYLVANIA AVENUE - DALLAS, TX 75215	75-2703544	501(C)(3)	5,333.	0.			DONOR DESIGNATIONS
STATE FAIR OF TEXAS 3921 MLK JRBLVD, PO BOX 150009 DALLAS, TX 75315	75-6002511	501(C)(3)	20,000.	0.			PROGRAM OPS COST
STUDIO BELLA FOR KIDS, LLC 1450 OLD GATE LANE DALLAS, TX 75218	82-1653436		39,771.	0.			PROGRAM OPS COST
T.R. HOOVER COMMUNITY DEVELOPMENT CENTER - 5106 BEXAR STREET - DALLAS, TX 75215	75-2700136	501(C)(3)	65,000.	0.			PROGRAM OPS COST

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TDH GLOBAL PRODUCTS - DBA THE STEM JUNKIE - 527 GOODWIN ST. - GRAND PRAIRE, TX 75052	85-2212729		11,993.	0.			PROGRAM OPS COST
TECH SAVVY 1854 SHANNA DR. LANCASTER, TX 75134	85-4272762	501(C)(3)	50,000.	0.			PROGRAM OPS COST
TERRELL/KAUFMAN UNITED WAY 102 E. MOORE AVE., SUITE 220 TERRELL, TX 75160	75-2420233	501(C)(3)	9,061.	0.			DONOR DESIGNATIONS
TEXAS A&M HISPANIC NETWORK 5918 BENT TREE CT HUMBLE, TX 77346	25-1924426	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)	86,250.	0.			PROGRAM OPS COST
TEXAS MUSLIM WOMEN'S FOUNDATION, INC. - 2300 COIT RD 350 - PLANO, TX 75075	20-3060929	501(C)(3)	75,000.	0.			PROGRAM OPS COST
THE CONCILIO 400 S. ZANG BLVD. STE. 300, SUITE 2 DALLAS, TX 75208	75-1770140	501(C)(3)	228,667.	0.			PROGRAM OPS COST
THE DALLAS FOUNDATION-BONTON FARMS 3963 MAPLE AVENUE, SUITE 390 DALLAS, TX 75219	75-2890371	501(C)(3)	8,754.	0.			DONOR DESIGNATIONS
THE EDUCATOR COLLECTIVE 4346 SOMERVILLE AVE DALLAS, TX 75206	47-1789138	501(C)(3)	60,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GOLDEN SEEDS FOUNDATION 1128 REVEREND CBT SMITH ST DALLAS, TX 75203	32-0216688	501(C)(3)	25,000.	0.			PROGRAM OPS COST
THE LEARNING BRIDGE 1915 NATCHEZ TRACE ALLEN, TX 75013	33-1098480		7,500.	0.			PROGRAM OPS COST
THE MEN OF NEHEMIAH 2010 AL LIPSCOMB WAY DALLAS, TX 75225	45-2041299	501(C)(3)	12,418.	0.			PROGRAM OPS COST
THE SALVATION ARMY-NORTH TEXAS AREA COMMAND - PO BOX 36006 - DALLAS, TX 75235	58-0660607	501(C)(3)	224,000.	0.			PROGRAM OPS COST
THE SALVATION ARMY-NORTH TEXAS AREA COMMAND - PO BOX 36006 - DALLAS, TX 75235	58-0660607	501(C)(3)	23,581.	0.			DONOR DESIGNATIONS
THE SAMARITAN INN 1725 NORTH MCDONALD STREET MCKINNEY, TX 75071	75-1984285	501(C)(3)	60,000.	0.			PROGRAM OPS COST
THE SAMARITAN INN 1725 NORTH MCDONALD STREET MCKINNEY, TX 75071	75-1984285	501(C)(3)	13,401.	0.			DONOR DESIGNATIONS
THE STEWPOT OF FIRST PRESBYTERIAN CHURCH - 1835 YOUNG ST - DALLAS, TX 75201	75-0871727	501(C)(3)	86,250.	0.			PROGRAM OPS COST
THE UNITED WAY OF MIDLAND, INC. 1209 WEST WALL STREET MIDLAND, TX 79701	75-0945926	501(C)(3)	7,577.	0.			DONOR DESIGNATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VISITING NURSE ASSOCIATION OF TEXAS (VNA) - 1420 W MOCKINGBIRD LN SUITE 700, SUITE 700 - DALLAS, TX 75247	75-0800692	501(C)(3)	115,000.	0.			PROGRAM OPS COST
THE VISITING NURSE ASSOCIATION OF TEXAS (VNA) - 1420 W MOCKINGBIRD LN SUITE 700, SUITE 700 - DALLAS, TX 75247	75-0800692	501(C)(3)	5,423.	0.			DONOR DESIGNATIONS
THE WARREN CENTER 320 CUSTER ROAD RICHARDSON, TX 75080	75-1282040	501(C)(3)	101,200.	0.			PROGRAM OPS COST
THE WARREN CENTER 320 CUSTER ROAD RICHARDSON, TX 75080	75-1282040	501(C)(3)	6,679.	0.			DONOR DESIGNATIONS
THE WAY BACK HOUSE, INC. PO BOX 832407 RICHARDSON, TX 75083	75-1446346	501(C)(3)	47,987.	0.			PROGRAM OPS COST
TIA'S STEAM ENRICHMENT, LLC - DBA CHALLENGE ISLAND - 17630 DAVENPORT # 103 - DALLAS, TX 75252	82-0680309		27,000.	0.			PROGRAM OPS COST
TRANSITION RESOURCE ACTION CENTER 3108 LIVE OAK STREET DALLAS, TX 75204	92-1587776	501(C)(3)	105,000.	0.			PROGRAM OPS COST
TRUSTED WORLD FOUNDATION 613 EASY ST., SUITE B GARLAND, TX 75042	45-5264332	501(C)(3)	115,000.	0.			PROGRAM OPS COST
TULSA AREA UNITED WAY 1430 SOUTH BOULDER AVENUE TULSA, OK 74119	73-0580283	501(C)(3)	19,700.	0.			DONOR DESIGNATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U&I 8800 AMBASSADOR ROW DALLAS, TX 75247	75-1008422	501(C)(3)	126,000.	0.			PROGRAM OPS COST
UNDER 1 ROOF 5787 S. HAMPTON RD, SUITE 390 DALLAS, TX 75232	80-0765001	501(C)(3)	164,392.	0.			PROGRAM OPS COST
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	6,531.	0.			DONOR DESIGNATIONS
UNITED WAY FOR GREATER AUSTIN 2000 E. MARTIN LUTHER KING JR. BLVD AUSTIN, TX 78702	74-1193439	501(C)(3)	56,807.	0.			DONOR DESIGNATIONS
UNITED WAY OF BROWARD COUNTY 1300 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	6,072.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL & NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501(C)(3)	8,007.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL CAROLINAS, INC. - PO BOX 890685 - CHARLOTTE, NC 28289	56-0529948	501(C)(3)	11,114.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL TEXAS, INC. 4 NORTH 3RD STREET TEMPLE, TX 76501	74-2575728	501(C)(3)	80,041.	0.			DONOR DESIGNATIONS
UNITED WAY OF CHRISTIAN COUNTY 108 WEST MARKET TAYLORVILLE, IL 62568	37-0816279	501(C)(3)	14,279.	0.			DONOR DESIGNATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COMAL COUNTY 468 SOUTH SEGUIN AVENUE 403, STE 40 NEW BRAUNFELS, TX 78130	74-2640723	501(C)(3)	9,270.	0.			DONOR DESIGNATIONS
UNITED WAY OF DEFIANCE COUNTY, INC. - 608 CLINTON ST - DEFIANCE, OH 43512	34-1657011	501(C)(3)	10,211.	0.			DONOR DESIGNATIONS
UNITED WAY OF DENTON COUNTY 1314 TEASLEY LANE DENTON, TX 76205	75-1251128	501(C)(3)	24,523.	0.			DONOR DESIGNATIONS
UNITED WAY OF GRAYSON COUNTY, INC. 713 EAST BROCKETT SHERMAN, TX 75090	23-7087293	501(C)(3)	6,543.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	13,597.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	74,725.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER LOS ANGELES INC. - 1150 SOUTH OLIVE STREET T500 - LOS ANGELES, CA 90015	95-2274801	501(C)(3)	33,338.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER ST. LOUIS 910 NORTH 11TH STREET SAINT LOUIS, MO 63101	43-0714167	501(C)(3)	21,401.	0.			DONOR DESIGNATIONS
UNITED WAY OF HOOD COUNTY 1807 E. HIGHWAY 377 GRANBURY, TX 76048	75-2794263	501(C)(3)	33,490.	0.			DONOR DESIGNATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF JOHNSON COUNTY P.O. BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)(3)	10,254.	0.			DONOR DESIGNATIONS
UNITED WAY OF LAMAR COUNTY PO BOX 1 PARIS, TX 75461	75-0886453	501(C)(3)	5,303.	0.			DONOR DESIGNATIONS
UNITED WAY OF PARKER COUNTY 106 AUSTIN AVENUE SUITE 106 WEATHERFORD, TX 76086	75-2867921	501(C)(3)	11,704.	0.			DONOR DESIGNATIONS
UNITED WAY OF RUSK COUNTY INC P.O. BOX 775 HENDERSON, TX 75653	75-2916005	501(C)(3)	7,493.	0.			DONOR DESIGNATIONS
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2213995	501(C)(3)	8,107.	0.			DONOR DESIGNATIONS
UNITED WAY OF SMITH COUNTY P.O. BOX 10029 TYLER, TX 75711 TYLER, TX 75711	75-0957331	501(C)(3)	9,462.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTH TEXAS 200 SOUTH TENTH STREET 101 MCALLEN, TX 78501	74-2052527	501(C)(3)	6,019.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHEASTERN CONNECTICUT - 283 STODDARDS WHARF ROAD - GALES FERRY, CT 06335	06-0771393	501(C)(3)	12,805.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHEASTERN MICHIGAN - 3011 W. GRAND BOULEVARD SUITE 500 - DETROIT, MI 48226	20-3099071	501(C)(3)	404,845.	0.			DONOR DESIGNATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TARRANT COUNTY 201 N. RUPERT STREET, SUITE 107 FORT WORTH, TX 76107	75-0858360	501(C)(3)	186,844.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE BAY AREA 550 KEARNY STREET, STE 510 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	31,892.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE BRAZOS VALLEY, INC. - 1716 BRIARCREST DRIVE SUITE 155 - BRYAN, TX 77802	74-2050241	501(C)(3)	33,448.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE GREATER FORT HOOD AREA - 208 WEST AVENUE A - KILLEEN, TX 76541	74-1750544	501(C)(3)	8,329.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD, SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	5,554.	0.			DONOR DESIGNATIONS
UNITED WAY OF WACO-MCLENNAN COUNTY 2131 BEAUFIT DETROIT, MI 48207	38-2156255	501(C)(3)	26,151.	0.			DONOR DESIGNATIONS
UNITED WAY OF WEST ELLIS COUNTY P.O. BOX 1025 MIDLOTHIAN, TX 76065	75-6002917	501(C)(3)	57,393.	0.			DONOR DESIGNATIONS
UNITED WAY OF WILLIAMSON COUNTY P.O. BOX 708 ROUND ROCK, TX 78680	23-7396732	501(C)(3)	15,887.	0.			DONOR DESIGNATIONS
UNIVERSITY OF NORTH TEXAS AT DALLAS - 7300 UNIVERSITY HILLS BLVD - DALLAS, TX 75241	27-1208151		140,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TX AT DALLAS, CALLIER CTR - 1966 INWOOD ROAD - DALLAS, TX 75235	75-6035865	501(C)(3)	40,000.	0.			PROGRAM OPS COST
UPLIFT EDUCATION 606 E. ROYAL LANE, SUITE 1100 IRVING, TX 75039	75-2659683	501(C)(3)	192,500.	0.			PROGRAM OPS COST
URBAN TEACHERS 1800 WASHINGTON BLVD., SUITE 411 BALTIMORE, MD 21230	27-0989006	501(C)(3)	90,000.	0.			PROGRAM OPS COST
US DEPARTMENT OF HEALTH & HUMAN SERVICES - 5600 FISHERS LANE, MAIL STOP 20857 - ROCKVILLE, MD 20857	52-0821668		55,023.	0.			PROGRAM OPS COST
VALLEY OF THE SUN UNITED WAY 3200 E. CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018-2328	86-0104419	501(C)(3)	5,067.	0.			DONOR DESIGNATIONS
VETERAN WOMEN'S ENTERPRISE CENTER 4900 LANCASTER RD DALLAS, TX 75216	82-2665373	501(C)(3)	25,000.	0.			PROGRAM OPS COST
VOGEL ALCOVE 5219 MAPLE AVE 2302 DALLAS, TX 75235	75-2133827	501(C)(3)	61,600.	0.			PROGRAM OPS COST
VOLUNTEERS IN PREVENTION P.O. BOX 24468 DETROIT, MI 48224	38-2311813	501(C)(3)	5,710.	0.			DONOR DESIGNATIONS
VOLUNTEERS OF AMERICA - TEXAS 300 E. MIDWAY DRIVE EULESS, TX 76039	75-0827469	501(C)(3)	109,250.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS CENTER FOR OLDER ADULTS 401 W. 16TH STREET, SUITE 600 PLANO, TX 75075	75-1839305	501(C)(3)	45,000.	0.			PROGRAM OPS COST
WESLEY-RANKIN COMMUNITY CENTER, INC. - 3100 CROSSMAN AVENUE - DALLAS, TX 75212	75-0808775	501(C)(3)	93,089.	0.			PROGRAM OPS COST
WEW, INC. 4549 S. WESTMORELAND ROAD DALLAS, TX 75237	10-2314734	501(C)(3)	13,148.	0.			PROGRAM OPS COST
WHITE ROCK CENTER OF HOPE, INC. 10021 A GARLAND ROAD DALLAS, TX 75218	75-2248813	501(C)(3)	50,000.	0.			PROGRAM OPS COST
WHOLLY INFORMED SEX ED 4015 NORMANDY AVENUE DALLAS, TX 75205	86-3220622	501(C)(3)	25,000.	0.			PROGRAM OPS COST
WILKINSON CENTER 4144 NORTH CENTRAL EXPRESSWAY 1010 DALLAS, TX 75204	75-2712117	501(C)(3)	137,000.	0.			PROGRAM OPS COST
YEAR UP DALLAS/FORT WORTH 701 ELM ST #400 DALLAS, TX 75202	04-3534407	501(C)(3)	81,000.	0.			PROGRAM OPS COST
YMCA OF METROPOLITAN DALLAS 146 TOWN CENTER BLVD. COPPELL, TX 75019	75-0800696	501(C)(3)	140,000.	0.			PROGRAM OPS COST
YMCA OF METROPOLITAN DALLAS 146 TOWN CENTER BLVD. COPPELL, TX 75019	75-0800696	501(C)(3)	5,449.	0.			DONOR DESIGNATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LEADERS, STRONG CITY 2803 TAYLOR STREET DALLAS, TX 75226	84-3239436	501(C)(3)	88,200.	0.			PROGRAM OPS COST
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET, SUITE 720 DALLAS, TX 75201	47-0902114	501(C)(3)	70,000.	0.			PROGRAM OPS COST
YOUTH VILLAGE RESOURCES OF DALLAS 6333 E. MOCKINGBIRD, SUITE 147-872 DALLAS, TX 75214	30-0018778	501(C)(3)	44,100.	0.			PROGRAM OPS COST
YOUTH WITH FACES 6333 E. MOCKINGBIRD, SUITE 147-872 DALLAS, TX 75214	30-0018778	501(C)(3)	62,000.	0.			PROGRAM OPS COST
YOUTH180, INC. 7777 FOREST LANE C-410 DALLAS, TX 75230	75-1964233	501(C)(3)	20,218.	0.			PROGRAM OPS COST

**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
BASIC NEEDS ASSISTANCE	244	61,229.	0.		BASIC NEEDS ASSISTANCE
RENT ASSISTANCE	2	2,749.	0.		RENT ASSISTANCE

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

PART I, LINE 2:

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.:

AS PART OF THE GRANT AGREEMENT, AN AGENCY AGREES TO OPERATE PROGRAMS IN A MANNER CONSISTENT WITH INFORMATION COMMUNICATED TO UWMD AND TO REGULARLY REPORT ON THOSE PROGRAMS SUPPORTED BY UWMD FUNDING. FOR GRANTS MADE IN SUPPORT OF PROGRAM OPERATIONS COSTS, THE AGENCY WILL REPORT INFORMATION BASED ON SIX CATEGORIES (DEMOGRAPHICS, ZIP CODES SERVED, DOLLARS SPENT, SUCCESS STORIES, OUTCOMES AND BUDGET), UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE AND AGREED TO, IN WRITING, BY BOTH THE AGENCY AND UWMD. AN

**Part IV** Supplemental Information

APPROVED OUTCOME PLAN WILL BE PART OF EACH PROGRAM REPORT, WITH RESULTS BEING REPORTED IN A MANNER CONSISTENT WITH THE APPROVED PLAN. FAILURE TO HAVE AN APPROVED PLAN OR 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 \$2,149,633.

DURING FY2024, 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 CRITERIA FOR ELIGIBILITY ASSISTANCE. COMMUNITY IMPACT STAFF REVIEWED FOR PROGRAM ELIGIBILITY, 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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 .....

	Yes	No
<b>1b</b>	X	

**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? .....

<b>2</b>	X	
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**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 checked="" 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X

**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? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

<b>5a</b>		X
<b>5b</b>		X

**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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

<b>6a</b>		X
<b>6b</b>		X

**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 .....

<b>7</b>	X	
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**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 .....

<b>8</b>		X
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

<b>9</b>		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER SAMPSON PRESIDENT AND CEO	(i)	444,355.	215,000.	9,604.	97,100.	25,125.	791,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN E PEEK CHIEF IMPACT/STRATEGY OFFICER	(i)	332,368.	112,195.	3,168.	22,102.	19,253.	489,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANICE W HARISSIS CFO (THRU 01/2024)	(i)	283,827.	22,495.	3,168.	18,418.	1,296.	329,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT SHEARER CHIEF COMM. OFFICER (THRU 01/2024)	(i)	208,373.	0.	0.	10,326.	25,098.	243,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHLEY O BRUNDAGE (THRU 5/2024) EXEC. DIRECTOR, HOUSING STABILITY	(i)	190,503.	15,154.	180.	14,190.	21,776.	241,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHANNON NAIL VP, DEV. STRATEGY (THRU 04/2024)	(i)	158,716.	9,201.	0.	8,178.	23,416.	199,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN D HUTCHESON VP, LEADERSHIP GIVING	(i)	145,149.	5,809.	270.	10,844.	23,296.	185,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KELEM BUTTS VP, CSR STRATEGY	(i)	163,275.	0.	0.	0.	8,959.	172,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANGELA FLOYD VP, IT & GIFT PROCESSING	(i)	134,845.	4,084.	270.	10,132.	14,854.	164,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHY LIMMER CHIEF GROWTH OFFICER	(i)	138,128.	0.	0.	0.	12,562.	150,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 REIMBURSEMENT TO COVER THE COST OF OBTAINING A FINANCIAL ADVISOR. A

\$3,500 ALLOWANCE WAS PROVIDED TO JENNIFER SAMPSON AS A LUMP SUM IN LIEU OF

REIMBURSEMENT TO COVER THE COST OF OBTAINING A HEALTH ASSESSMENT. THESE

WERE ANNUAL PAYMENTS 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 2023, MS. SAMPSON RECEIVED THE FOLLOWING:

EMPLOYER 457F DEFERRAL

\$70,000

**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.

THIS AMOUNT IS REPORTED ON SCHEDULE J, PART II, COL C.

PART I, LINE 7:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS HAS  
DISCRETION OVER THE CEO'S BONUS; THE CEO OF THE ORGANIZATION ALONG WITH  
CONSULTATION FROM THE HR TEAM HAS DISCRETION OVER THE SENIOR LEADERSHIP  
TEAM'S BONUSES; AND THE SENIOR LEADERSHIP TEAM ALONG WITH CONSULTATION FROM  
THE HR TEAM HAS DISCRETION OVER EMPLOYEE BONUSES. THE ORGANIZATION'S BONUS  
PROGRAM IS BASED ON METRICS SET IN AN ORGANIZATIONAL SCORECARD. THESE  
METRICS MAY INCLUDE BUT ARE NOT LIMITED TO SPECIFIC PERFORMANCE MEASURES  
AROUND ENGAGEMENT AND COMMUNITY IMPACT FROM OUR EDUCATION, INCOME, AND  
HEALTH INITIATIVES.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-600352

**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	23	339,094.	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 ( <u>TICKETS FOR DAL</u> )	X	1	287.	FMV
26 Other ( )				
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

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2023

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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:

ORGANIZATION THAT UNITES THE COMMUNITY TO CREATE OPPORTUNITY AND ACCESS  
FOR ALL NORTH TEXANS TO THRIVE. TOGETHER WITH OUR COMMITTED  
CHANGE-SEEKERS, WE MOBILIZE A MOVEMENT FOR LASTING CHANGE TO IMPROVE  
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:

IN FISCAL YEAR 2023-24, UWMD CREATED POSITIVE IMPACT FOR MORE THAN 1.7  
MILLION NORTH TEXANS AND INVESTED IN 144 EXCEPTIONAL EDUCATION, INCOME,  
AND HEALTH ORGANIZATIONS THROUGH OUR COMMUNITY IMPACT GRANTS.

EDUCATION

697,000 STUDENTS LAID THE GROUNDWORK FOR CONTINUED EDUCATIONAL SUCCESS.

INCOME

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

538,000 NORTH TEXANS RECEIVED ASSISTANCE TO GET AND KEEP BETTER JOBS  
AND BUILD SAVINGS FOR THE FUTURE.

**HEALTH**

472,000 NEIGHBORS GAINED ACCESS TO THE HEALTH AND WELLNESS RESOURCES  
THEY NEED TO LIVE LONGER, HEALTHIER LIVES.

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

RESOURCE ROOMS AT SOUTHERN DALLAS HIGH SCHOOLS PROVIDE A CENTRAL  
LOCATION FOR MORE THAN 3,000 STUDENTS, PARENTS, TEACHERS AND OTHER  
COMMUNITY MEMBERS TO ACCESS TECHNOLOGY, BOOKS, HEALTH RESOURCES AND  
MORE.

SOUTHERN DALLAS THRIVES INVESTS IN CHILDCARE CENTERS TO IMPROVE THE  
QUALITY OF EARLY EDUCATION AND ENSURE KIDS THRIVE FROM A YOUNG AGE. IN  
FISCAL YEAR 2023-24 THE INITIATIVE PROVIDED 86,625 HOURS OF CHILDCARE  
SERVICE TO 183 SOUTHERN DALLAS FAMILIES.

IN PARTNERSHIP WITH GOODR, WE DEPLOY CREATIVE SOLUTIONS TO SUPPORT  
FAMILIES DEALING WITH FOOD INSECURITY. IN FISCAL YEAR 2023-24, 9,800  
SOUTHERN SECTOR HOUSEHOLDS RECEIVED FRESH AND HEALTHY FOOD OPTIONS, AND  
WE PROVIDED 6,500 MEALS.

**EDUCATION:**

2. DIGITAL BRIDGES IS A TARGETED INITIATIVE THAT DISTRIBUTES DIGITAL  
TECHNOLOGY TO STUDENTS AND YOUNG ADULTS ACROSS SOUTHERN DALLAS TO  
ENABLE THEM TO ACCESS EDUCATION, FURTHER THEIR LEARNING AND STAY

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

CONNECTED IN THE CLASSROOM AND BEYOND. THROUGH OUR PARTNERSHIP WITH  
 COMPUDOPT, THE LAPTOPS COME WITH TWO YEARS OF WARRANTY AND BILINGUAL  
 TECHNICAL ASSISTANCE. THIS PROGRAM SERVED 5,421 INDIVIDUALS IN FISCAL  
 YEAR 2023-24 AND DISTRIBUTED 1,668 FREE LAPTOPS.

3. STRONG START INCLUDES EARLY CHILDHOOD DEVELOPMENT AND PARENT  
 EDUCATION INITIATIVES LIKE HEALTHY OUTCOMES THROUGH PREVENTION & EARLY  
 SUPPORT (HOPES) AND TEXAS HOME VISITING PROGRAM TO PROVIDE FAMILIES  
 WITH HANDS-ON INSTRUCTION, COMMUNITY RESOURCES AND SKILLS THAT EMPOWER  
 PARENTS, ENCOURAGE HEALTHY CHILD DEVELOPMENT AND PREVENT CHILD ABUSE.  
 IN FISCAL YEAR 2023-24 1,263 FAMILIES PARTICIPATED IN A HOME VISITING  
 PROGRAM, AND THE PROGRAMS PROVIDED MORE THAN 33,300 HOURS OF VALUABLE  
 PARENTAL EDUCATION PROGRAMMING.

ONCE UPON A MONTH IS AN EARLY LITERACY PROGRAM THAT DELIVERS FREE  
 AGE-APPROPRIATE CHILDREN'S BOOKS AND PARENTAL READING GUIDES TO  
 FAMILIES EVERY MONTH, STIMULATING CURIOSITY, LANGUAGE DEVELOPMENT AND  
 LEARNING SKILLS - ALL OF WHICH SET KIDS UP FOR SUCCESS IN KINDERGARTEN.  
 IN FISCAL YEAR 2023-24 WE DISTRIBUTED 566,181 FREE BOOKS TO 11,272  
 NORTH TEXAS CHILDREN.

#### INCOME

4. COMMUNITY FINANCIAL STABILITY SUPPORTS FAMILIES SEEKING TO INCREASE  
 SAVINGS, IMPROVE CREDIT SCORES, REDUCE DEBT AND AVOID PREDATORY LENDING  
 PRODUCTS. IN FISCAL YEAR 2023-24, OUR FREE TAX PREPARATION PROGRAM  
 ENABLED TAXPAYERS TO FILE 10,814 RETURNS FOR FREE, RESULTING IN \$14.1  
 MILLION IN REFUNDS PROVIDED TO NORTH TEXAS CLIENTS.

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

DURING OUR PREVIOUS FISCAL YEAR, UWMD INCREASED ACCESS TO CREDIT-BUILDING LOANS AND COLLEGE SAVINGS ACCOUNTS, ADDING 230 CAPITAL GOOD FUND LOANS AND 166 NEW DOLLARS FOR COLLEGE ACCOUNTS. OUR FINANCIAL INCLUSION ROUNDTABLE PROVIDED CAPABILITY BUILDING AND NETWORKING OPPORTUNITIES FOR MORE THAN 40 COMMUNITY ORGANIZATIONS AND FINANCIAL INSTITUTIONS IN THE REGION.

5. PATHWAYS TO WORK IS A WORKFORCE DEVELOPMENT PROGRAM, FACILITATED IN PARTNERSHIP WITH 36 COMMUNITY ORGANIZATIONS, THAT GIVES HARDWORKING NORTH TEXANS THE TRAINING NECESSARY TO SECURE JOBS IN IT, HEALTHCARE AND MORE. IN FISCAL YEAR 2023-24 THE PROGRAM SERVED 25,390 INDIVIDUALS, RESULTING IN 2,007 CERTIFICATES OR DEGREES EARNED BY PARTICIPANTS AND 4,797 JOB PLACEMENTS SECURED FOR GRADUATES.

#### HEALTH:

6. HEALTHCARE NAVIGATORS IS A COLLABORATIVE PROGRAM THAT PROVIDES A NETWORK OF CERTIFIED HEALTHCARE NAVIGATORS FOR THE NORTH TEXAS COMMUNITY, DELIVERING SUPPORT FOR INDIVIDUALS AND FAMILIES LOOKING TO SIGN UP FOR HEALTH INSURANCE THROUGH THE MARKETPLACE, MEDICAID OR CHIP. NAVIGATORS WORK DIRECTLY WITH CLIENTS TO COMPARE HEALTH PLANS, UNDERSTAND BENEFITS AND APPLY FOR SUBSIDIES TO LOWER THEIR MONTHLY PREMIUMS. IN FISCAL YEAR 2023-24 HEALTHCARE NAVIGATORS FIELDDED 52,133 CLIENT INQUIRIES, 8,175 INDIVIDUALS RECEIVED ASSISTANCE AS THEY SIGNED UP FOR CHIP/MEDICAID AND 1,460 NORTH TEXANS RECEIVED SUPPORT TO ENROLL IN A QUALIFIED HEALTH PLAN

7. NORTH TEXAS SUMMER & SUPPER COUNCIL IS A PARTNERSHIP WITH NORTH TEXAS HUNGER INITIATIVE THAT WORKS TO IMPROVE AND AMPLIFY SUMMER MEALS

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

PROGRAMMING TO PROVIDE REGULAR, NUTRITIOUS MEALS TO CHILDREN WHO QUALIFY FOR FEDERALLY FUNDED NUTRITION PROGRAMS. IN SUMMER 2023, 1,366 CHILDREN RECEIVED REGULAR, NUTRITIOUS MEALS AND 1.5 MILLION MEALS WERE SERVED IN DALLAS AND COLLIN COUNTIES.

## OVERALL

8. THE UWMD SOCIAL INNOVATION LAB IS A CONTINUUM OF CAPACITY BUILDING PROGRAMS FOR SOCIAL ENTREPRENEURS WORKING TO IMPROVE ACCESS TO 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).

THE SOCIAL INNOVATION INCUBATOR IS AN ORGANIZATIONAL AND LEADERSHIP DEVELOPMENT PROGRAM IS DESIGNED FOR EARLY-STAGE ENTREPRENEURS WHO HAVE EXPERIENCED SYSTEMIC CHALLENGES. THROUGH OUR 14-WEEK PROGRAM, WE BUILD UP INNOVATIVE STARTUPS BY PROVIDING MENTORSHIP AND GUIDANCE THAT EMPOWERS THEM TO CREATE A VALIDATED BUSINESS PLAN AND BEGIN BUILDING THEIR VENTURES. IN FISCAL YEAR 2023-24, NINE WOMEN ENTREPRENEURS COMPLETED THE PROGRAM, AND WE PROVIDED 175 HOURS OF MENTORING AND COACHING TO PARTICIPANTS.

THE ACCELERATOR IS A RIGOROUS, NINE-MONTH-LONG PROGRAM DESIGNED TO TEST THE ASSUMPTIONS OF OUR FELLOWS, SHAPE THEIR GOALS AND EMPOWER THEM TO COMPLETE KEY MILESTONES. THE PROGRAM PROVIDES SOCIAL ENTREPRENEURS WITH CRITICAL RESOURCES INCLUDING FUNDING, PROFESSIONAL MENTORSHIP AND POWERFUL COMMUNITY CONNECTIONS TO SCALE THEIR VENTURES AND GROW THEIR IMPACT. THE PROGRAM CULMINATES AT THE PITCH, WHERE FINALISTS COMPETE LIVE ON STAGE FOR ADDITIONAL SEED FUNDING. IN FISCAL YEAR 2023-24

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

PROGRAM ALUMNI (70+ ORGANIZATIONS) SERVED 507,984 CLIENTS. 10 FELLOWS PARTICIPATED IN THE PROGRAM AND RECEIVED 1,500 HOURS OF MENTORING AND COACHING AND \$520,000 IN SEED FUNDING.

THE ALUMNI PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT, NETWORKING AND CROSS-COLLABORATION OPPORTUNITIES TO INCUBATOR AND ACCELERATOR ALUMNI SO THEY CAN CONTINUE TO BUILD CAPACITY, SCALE THEIR ORGANIZATIONS AND EXPAND THEIR IMPACT IN EDUCATION, INCOME AND HEALTH.

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 UWMD'S 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:

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

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. BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSIONS AND DECISIONS IMPACTING POTENTIAL CONFLICTS OF INTEREST. 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 THE EXECUTIVE COMMITTEE OF THE BOARD. THE COMMITTEE HAS THE RESPONSIBILITY OF DETERMINING AND RECOMMENDING TO THE BOARD FOR APPROVAL THE SENIOR LEADERSHIP TEAM COMPENSATION AND BENEFITS. UWMD'S VICE PRESIDENT OF HUMAN RESOURCES PROVIDES FACTUAL, SUPPORTIVE, AND COMPARATIVE 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 COMMITTEE RECOMMENDS TO THE BOARD, FOR APPROVAL, THE CEO'S COMPENSATION PACKAGE BASED ON THIS EVALUATION. THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN CONTEMPORANEOUS SUBSTANTIATION. THE COMMITTEE WILL REVIEW ANNUALLY ALL INCENTIVE COMPENSATION PLANS AND/OR SPECIAL COMPENSATION ARRANGEMENTS FOR MEMBERS OF UWMD'S LEADERSHIP TEAM AND OTHER STAFF MEMBERS AS APPROPRIATE, INCLUDING BONUS AND INCENTIVE AWARDS,

Name of the organization

UNITED WAY OF METROPOLITAN DALLAS, INC

Employer identification number

75-6005352

SEVERANCE PACKAGES, EMPLOYMENT AGREEMENTS, AND/OR OTHER SPECIAL  
SUPPLEMENTAL BENEFITS.

FORM 990, PART VI, SECTION C, LINE 18 & 19:

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 US" ON THE MAIN PAGE AND THEN "FINANCIALS" TO OBTAIN THE NECESSARY  
INFORMATION.

FORM 990, PARTS VIII & IX:

DONOR DESIGNATED FUNDS:

THE AMOUNTS REPORTED IN THESE SECTIONS INCLUDE \$3,891,502 OF DONOR  
DESIGNATED REVENUE AND \$2,149,633 OF DONOR DESIGNATED GRANTS.

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

NET OF DESIGNATIONS TO AGENCIES	-1,741,869.
CHANGE OF INTEREST HELD IN TRUSTS	4,324.
TOTAL TO FORM 990, PART XI, LINE 9	-1,737,545.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF METROPOLITAN DALLAS, INC**

**Employer identification number**  
**75-6005352**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY FOUNDATION OF METROPOLITAN DALLAS - 75-2834344, 1800 N LAMAR STREET, DALLAS, TX 75202	ENDOWMENT	TEXAS	501(C)(3)	LINE 12A, I	UWMD	<b>X</b>	

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

Schedule R (Form 990) 2023



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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
UNITED WAY FOUNDATION OF METROPOLITAN (1) DALLAS	C	2,695,000.	FMV
UNITED WAY FOUNDATION OF METROPOLITAN (2) DALLAS	O	1,223,152.	FMV
UNITED WAY FOUNDATION OF METROPOLITAN (3) DALLAS	L	147,539.	FMV
UNITED WAY FOUNDATION OF METROPOLITAN (4) DALLAS	N	33,399.	FMV
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

[illegible]

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