



## 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.

EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing organization name (UNITED WAY OF METROPOLITAN DALLAS, INC), address (1800 N. LAMAR STREET, DALLAS, TX 75202), EIN (75-6005352), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

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.

Signature block section with fields for officer signature (Rebecca Billings), preparer name (Mary Torretta), and firm information (GRANT THORNTON ADVISORS LLC).

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

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**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>	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>
File by the due date for filing your return. See instructions.	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	Form 990-T (governmental entities)	15

• 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 **26**, 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 **24**, and ending **JUN 30**, 20 **25**

**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>	\$	0.
<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>	\$	0.
<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>	\$	0.

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

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UWMD IS A COMMUNITY-BASED SOCIAL CHANGE ORGANIZATION THAT UNITES THE COMMUNITY TO CREATE LASTING CHANGE. FOR 100 YEARS, WE'VE BROUGHT TOGETHER PASSIONATE CHANGE-MAKERS, ALONGSIDE CORPORATE, CIVIC AND NONPROFIT PARTNERS, TO STRENGTHEN ACCESS (CONTINUED IN SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 19,057,195. including grants of \$ 15,182,521. ) (Revenue \$ 0. ) 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 BY 20% THE NUMBER OF NORTH TEXAS YOUNG ADULTS WHO EARN A LIVING WAGE. 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 \$ 16,600,293. including grants of \$ 9,577,340. ) (Revenue \$ 0. ) 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 \$ 3,987,490. including grants of \$ 3,987,490. ) (Revenue \$ 158,595. ) 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 2024-25, UWMD PROCESSED \$3,987,490 IN DESIGNATIONS.

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

4e Total program service expenses 39,644,978.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and excess benefit transactions.

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 [ ]

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

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

Table with 3 columns: Question, Yes, No. Rows include 2a (108 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b (X), 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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				681,530.	0.	175,094.
(2) SUSAN E PEEK CHIEF IMPACT/STRATEGY OFFICER	34.00 6.00			X				465,408.	0.	41,836.
(3) KATHY LIMMER CHIEF GROWTH OFFICER	40.00 0.00				X			305,308.	0.	28,211.
(4) REBECCA BILLINGS CFO/CORP. SECRETARY (AS OF 06/2025)	38.00 2.00			X				250,648.	0.	10,530.
(5) KETURI DELONG (THRU 04/2025) SVP, CORP/FOUND. ENGMT	40.00 0.00					X		242,462.	0.	17,728.
(6) DEEPTI JAIN EXEC DIRECTOR CRM & DATABASE MGMT	40.00 0.00					X		219,018.	0.	18,029.
(7) SUSAN D HUTCHESON VP, LEADERSHIP GIVING	40.00 0.00					X		164,425.	0.	34,593.
(8) KELEM BUTTS VP, CSR STRATEGY (THRU 04/2025)	40.00 0.00					X		176,482.	0.	20,680.
(9) ANDRES TASCON HEAD OF CREATIVE STUDIO	40.00 0.00					X		148,803.	0.	33,032.
(10) JENNIFER A REEVES CORPORATE SECRETARY (THRU 06/2025)	40.00 0.00			X				104,907.	0.	23,218.
(11) ANTONIO CARRILLO BOARD CHAIR	5.00 0.00	X		X				0.	0.	0.
(12) STEVEN WILLIAMS IMMEDIATE PAST BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(13) MICHELLE VOPNI TREASURER, FINANCE CHAIR	5.00 0.00	X		X				0.	0.	0.
(14) TERRI WEST UWFMD CHAIR/COMP. CHAIR	2.00 5.00	X		X				0.	0.	0.
(15) DAN BERNER AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(16) KARL BOVEE AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(17) JORGE CORRAL AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PASCAL DESROCHES AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(19) RICHARD FEDOCK AUDIT AND ETHICS CHAIR	5.00 0.00	X						0.	0.	0.
(20) HILDA GALVAN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(21) REGEN HORCHOW AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(22) SCOTT HUDSON AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(23) RONIT ILAN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(24) CHRISTY ALKIDAS JACOBY AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(25) ROB KAPLAN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
(26) SANDI KARRMANN AT-LARGE MEMBER	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,758,991.	0.	402,951.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,758,991.	0.	402,951.

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 23

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LERMA ADVERTISING LLC, 409 N HOUSTON STREET, SUITE 200, DALLAS, TX 75202	CONSULTING SERVICES	662,782.
MISSION CRM LTD., 5 RICHARD WAY SW, SUITE 102, CALGARY, ALBERTA, CANADA	CONSULTING SERVICES	535,993.
PARTNERSHIP EMPLOYMENT DALLAS LLC PO BOX 7971, CAROL STREAM, IL 60197-7971	TEMPORARY STAFFING	441,289.
TONY FAY PUBLIC RELATIONS 2021 CRABAPPLE DRIVE, PLANO, TX 75074	CONSULTING SERVICES	394,433.
TODD EVENTS DESIGN CREATIVE SERVICES 1174 QUAKER STREET, DALLAS, TX 75207	CENTENNIAL CELEBRATION EVENTS	333,563.

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 24

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	148,061.				
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>	2,673,000.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	6,829,584.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	40,739,181.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 309,980.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			50,389,826.			
Program Service Revenue	<b>2 a</b>	DESIGNATION PROCESSING FEES	<b>Business Code</b>	561000	158,595.	158,595.		
	<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 .....			158,595.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			460,432.		460,432.	
	<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 .....							
Miscellaneous Revenue	<b>11 a</b>	REIMBURSEMENT ADMIN EXP	<b>Business Code</b>	900099	1,405,000.		1405000.	
	<b>b</b>	INSURANCE REIMBURSEMENT		900099	53,684.		53,684.	
	<b>c</b>							
	<b>d</b>	All other revenue .....		900099	25,681.		25,681.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			1,484,365.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			52,493,218.	158,595.	0.	1944797.	

**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	28,747,351.	28,747,351.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<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	1,917,303.	708,228.	487,807.	721,268.
<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	8,243,698.	3,683,565.	2,221,468.	2,338,665.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	353,004.	137,368.	126,178.	89,458.
<b>9</b> Other employee benefits	785,218.	345,862.	252,989.	186,367.
<b>10</b> Payroll taxes	636,744.	302,267.	146,413.	188,064.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	296,485.	51,786.	220,007.	24,692.
<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.)	5,030,562.	2,425,521.	769,143.	1,835,898.
<b>12</b> Advertising and promotion	1,741,470.	1,133,568.	281,320.	326,582.
<b>13</b> Office expenses	145,919.	75,011.	32,699.	38,209.
<b>14</b> Information technology	667,949.	323,273.	164,123.	180,553.
<b>15</b> Royalties				
<b>16</b> Occupancy	264,221.	185,616.	27,888.	50,717.
<b>17</b> Travel	76,161.	66,003.	5,909.	4,249.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,645,308.	560,637.	4,004.	1,080,667.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	369,864.	277,842.	35,507.	56,515.
<b>22</b> Depreciation, depletion, and amortization	590,340.	443,463.	56,673.	90,204.
<b>23</b> Insurance	151,718.	114,281.	12,354.	25,083.
<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</b> <b>EXTERNAL GIFTS</b>	34,446.	12,101.	6,106.	16,239.
<b>b</b> <b>MEMBERSHIP DUES</b>	30,051.	7,192.	19,697.	3,162.
<b>c</b> <b>SUBSCRIPTION &amp; REFERENC</b>	6,623.	3,049.	1,989.	1,585.
<b>d</b> <b>EMPLOYEE RELATIONS</b>	3,350.	1,541.	822.	987.
<b>e</b> All other expenses	40,078.	39,453.		625.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	51,777,863.	39,644,978.	4,873,096.	7,259,789.
<b>26</b> <b>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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,477,780.	<b>1</b>	5,207,344.
	<b>2</b> Savings and temporary cash investments .....	9,734,546.	<b>2</b>	7,591,062.
	<b>3</b> Pledges and grants receivable, net .....	23,959,796.	<b>3</b>	24,918,510.
	<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 .....	410,059.	<b>9</b>	758,085.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,341,044.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,329,774.	<b>10c</b>	4,011,270.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	0.	<b>13</b>	0.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	17,508,371.	<b>15</b>	18,186,215.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	59,092,473.	<b>16</b>	60,672,486.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,380,131.	<b>17</b>	2,084,163.
	<b>18</b> Grants payable .....	7,520,398.	<b>18</b>	7,750,000.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	0.
	<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 .....	1,092,109.	<b>25</b>	2,957,629.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,992,638.	<b>26</b>	12,791,792.
<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 .....	9,676,667.	<b>27</b>	1,869,531.
	<b>28</b> Net assets with donor restrictions .....	38,423,168.	<b>28</b>	46,011,163.
	<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> Total net assets or fund balances .....	48,099,835.	<b>32</b>	47,880,694.
<b>33</b> Total liabilities and net assets/fund balances .....	59,092,473.	<b>33</b>	60,672,486.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,493,218.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,777,863.
3	Revenue less expenses. Subtract line 2 from line 1	3	715,355.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,099,835.
5	Net unrealized gains (losses) on investments	5	-4,746.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-929,750.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,880,694.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	57871691.	62583431.	67399440.	52999041.	50389826.	291243429
<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 .....	57871691.	62583431.	67399440.	52999041.	50389826.	291243429
<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) .....						48717078.
<b>6 Public support.</b> Subtract line 5 from line 4.						242526351

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	57871691.	62583431.	67399440.	52999041.	50389826.	291243429
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	105,229.	21,718.	154,881.	401,898.	460,432.	1144158.
<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.) .....	116,588.	32,774.	890,087.	776,967.	1484365.	3300781.
<b>11 Total support.</b> Add lines 7 through 10						295688368
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,390,578.
<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> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.02	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	78.08	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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"/>

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 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 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 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)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2024

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

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

OTHER INCOME

2020 AMOUNT: \$ 18,933.
2021 AMOUNT: \$ 13,524.
2022 AMOUNT: \$ 16,995.
2023 AMOUNT: \$ 0.

FLEX CREDIT

2020 AMOUNT: \$ 46,656.
2021 AMOUNT: \$ 14,500.
2022 AMOUNT: \$ 17,578.
2023 AMOUNT: \$ 0.

INSURANCE COMPANY DIVIDEND

2020 AMOUNT: \$ 43,559.
2021 AMOUNT: \$ 4,750.
2022 AMOUNT: \$ 844,350.
2023 AMOUNT: \$ 49,516.
2024 AMOUNT: \$ 53,684.

DEFERRED COMPENSATION

2020 AMOUNT: \$ 7,440.
2021 AMOUNT: \$ 0.
2022 AMOUNT: \$ 11,164.
2023 AMOUNT: \$ 13,451.
2024 AMOUNT: \$ 25,681.

REIMBURSEMENT ADMIN EXP

2023 AMOUNT: \$ 714,000.
2024 AMOUNT: \$ 1,405,000.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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

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) (Rev. 12-2024)

Name of organization  <b>UNITED WAY OF METROPOLITAN DALLAS, INC</b>	Employer identification number  <b>75-6005352</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,266,364.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,673,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,672,139.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,400,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,920,724.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF METROPOLITAN DALLAS, INC</b>	Employer identification number  <b>75-6005352</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,685,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,247,336.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,078,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,061,835.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF METROPOLITAN DALLAS, INC</b>	Employer identification number  <b>75-6005352</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>UNITED WAY OF METROPOLITAN DALLAS, INC</b>	Employer identification number  <b>75-6005352</b>
---	---

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>UNITED WAY OF METROPOLITAN DALLAS, INC</b>	Employer identification number (EIN) <b>75-6005352</b>
---	---

**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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (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) .....	166,136.	0.
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.	0.
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	166,136.	0.
<b>d</b> Other exempt purpose expenditures .....	51,611,727.	0.
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	51,777,863.	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>THEN 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	185,649.	241,377.	188,227.	166,136.	781,389.
<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	180,649.	231,208.	173,024.	166,136.	751,017.

Schedule C (Form 990) 2024

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

Part IV Supplemental Information

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

Blank lines for providing supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF 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 .....

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

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

LHA 432051 01-02-25

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	63,347,850.	55,418,029.	47,540,036.	54,572,331.	43,865,673.
<b>b</b> Contributions .....	381,565.	2,082,522.	3,752,191.	2,806,865.	1,376,636.
<b>c</b> Net investment earnings, gains, and losses .....	8,354,944.	8,542,299.	6,656,349.	-7,728,000.	12,536,616.
<b>d</b> Grants or scholarships .....	0.	0.	0.	0.	0.
<b>e</b> Other expenditures for facilities and programs .....	2,807,783.	2,695,000.	2,530,547.	2,111,160.	3,206,594.
<b>f</b> Administrative expenses .....	1,405,000.	0.	0.	0.	0.
<b>g</b> End of year balance .....	67,871,576.	63,347,850.	55,418,029.	47,540,036.	54,572,331.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 50.3100 %
- b** Permanent endowment 48.1300 %
- c** Term endowment 1.5600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes      | No       |
|---|----------|----------|
| <b>(i)</b> Unrelated organizations? .....   |          | <b>X</b> |
| <b>(ii)</b> Related organizations? .....  | <b>X</b> |          |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>X</b> |          |
- 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
<b>1a</b> Land .....		211,259.		211,259.
<b>b</b> Buildings .....		8,759,373.	6,683,684.	2,075,689.
<b>c</b> Leasehold improvements .....		2,331,514.	1,356,236.	975,278.
<b>d</b> Equipment .....		1,926,512.	1,185,110.	741,402.
<b>e</b> Other .....		112,386.	104,744.	7,642.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				4,011,270.

**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) <b>BENEFICIAL INTEREST IN TRUSTS</b>	<b>13,125,445.</b>
(2) <b>DUE FROM UNITED WAY FOUNDATION</b>	<b>4,758,016.</b>
(3) <b>DEFERRED COMPENSATION</b>	<b>302,754.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>18,186,215.</b>

**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) <b>DUE TO UNITED WAY FOUNDATION</b>	<b>2,324,204.</b>
(3) <b>DONOR DESIGNATIONS</b>	<b>633,425.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>2,957,629.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	47,639,003.
<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>	-4,746.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	67,771.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-4,917,240.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-4,854,215.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	52,493,218.
<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 4a and 4b	<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>	52,493,218.

**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>	47,858,144.
<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>	67,771.
<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>	-3,987,490.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-3,919,719.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	51,777,863.
<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 4a and 4b	<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>	51,777,863.

**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)**

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

**Part XIII** Supplemental Information (continued)

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	-5,589,345.
CHANGE OF INTEREST HELD IN TRUSTS	672,105.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-4,917,240.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES	-3,987,490.
--------------------------	-------------

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	60,672,486	78,443,199	(7,082,220)	132,033,465
TOTAL LIABILITIES	12,791,792	4,758,016	(7,082,220)	10,467,588
NET ASSETS	47,880,694	73,685,183	0	121,565,877

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF 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
1789 FUND 6959 WILKINS LN CHESTERTOWN, MD 20620	20-4694874	501(C)(3)	35,000.	0.			PROGRAM OPS COST
2 INSPIRE PEACE INC. 2904 FLOYD ST DALLAS, TX 75226	84-3727348	501(C)(3)	67,500.	0.			PROGRAM OPS COST
3-N-1 TRINITY SERVICES, INC 1801 NORTH HAMPTON ROAD, SUITE 425 DESOTO, TX 75115	13-4240712	501(C)(3)	10,400.	0.			PROGRAM OPS COST
ABIDE WOMEN'S HEALTH SERVICES 2612 MARTIN LUTHER KING JR BLVD DALLAS, TX 75215	82-3303040	501(C)(3)	276,744.	0.			PROGRAM OPS COST
ADVOCATE FOUNDATION DBA DALLAS FREE PRESS - 6301 GASTON AVE, SUITE 820 - DALLAS, TX 75214	20-5245262	501(C)(3)	50,000.	0.			PROGRAM OPS COST
AES LITERACY INSTITUTE 1140 EMPIRE CENTRAL PLACE, STE 106G DALLAS, TX 75247	83-3899952	501(C)(3)	50,000.	0.			PROGRAM OPS COST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 361.

3 Enter total number of other organizations listed in the line 1 table 13.

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

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

**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
AFTER8TOEDUCATE 4212 E GRAND AVE DALLAS, TX 75223	82-3145228	501(C)(3)	37,500.	0.			PROGRAM OPS COST
AFTER-SCHOOL ALL-STARS NORTH TEXAS 6501 FOUNTAIN AVENUE LOS ANGELES, CA 90028	95-4441208	501(C)(3)	148,000.	0.			PROGRAM OPS COST
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	41,500.	0.			PROGRAM OPS COST
AGAPE RESOURCE & ASSISTANCE CENTER, INC. - 1315 19TH ST., SUITE 3A - PLANO, TX 75154	75-2942035	501(C)(3)	70,000.	0.			PROGRAM OPS COST
AIDS INTERFAITH NETWORK, INC. 2600 N. STEMMONS FWY, STE. 151 DALLAS, TX 75207	75-2241382	501(C)(3)	55,000.	0.			PROGRAM OPS COST
ALLEN COMMUNITY OUTREACH 801 E. MAIN STREET ALLEN, TX 75002	75-1986190	501(C)(3)	32,500.	0.			PROGRAM OPS COST
ALLEN COMMUNITY OUTREACH 801 E MAIN STREET ALLEN, TX 75002	75-1986190	501(C)(3)	6,209.	0.			DONOR DESIGNATIONS
ALLEN LEARNIMY, LLC 5521 S HAMPTON RD DALLAS, TX 75232	86-3856973		7,000.	0.			PROGRAM OPS COST
ALTERNATIVES FOR GIRLS 903 W. GRAND BOULEVARD DETROIT, MI 48208	38-2766412	501(C)(3)	6,404.	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
ALZHEIMER'S ASSN, GREATER DALLAS CHPTR - 5000 QUORUM DR, SUITE 530 - DALLAS, TX 75254	13-3039601	501(C)(3)	8,312.	0.			DONOR DESIGNATIONS
ALZHEIMER'S ASSOCIATION-GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH #100 - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	9,673.	0.			DONOR DESIGNATIONS
AMAZING GRACE FOOD PANTRY 1711 PARKER RD WYLIE, TX 75098	81-4228493	501(C)(3)	9,371.	0.			DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY-DALLAS 405 WILLIAMS COURT, SUITE 120 BALTIMORE, MD 21220	13-1788491	501(C)(3)	10,882.	0.			DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY-SOUTHFIELD 20450 CIVIC CENTER DR SOUTHFIELD, MI 48076	13-1788491	501(C)(3)	9,430.	0.			DONOR DESIGNATIONS
AMERICAN HEART ASSOCIATION 4600 CAMPUS DR IRVINE, CA 92617	13-5613797	501(C)(3)	9,159.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS DALLAS AREA CHAPTER - 4800 HARRY HINES BOULEVARD - DALLAS, TX 75235	53-0196605	501(C)(3)	6,852.	0.			DONOR DESIGNATIONS
ARK OF HOPE 701 ASHBURY DR MIDLOTHIAN, TX 76065	35-2528153	501(C)(3)	10,400.	0.			PROGRAM OPS COST
ASCEND DALLAS WINGS 1903 ANSON ROAD, SUITE 1400 DALLAS, TX 75235	75-0800699	501(C)(3)	320,000.	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
ASPIRE (FORMERLY LIFT) 3000 PEGASUS PARK, SUITE 702 DALLAS, TX 75247	75-1095223	501(C)(3)	166,800.	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)	10,400.	0.			PROGRAM OPS COST
ATLAST DBA LA TIENDITA 902 GREENVILLE RD MCKINNEY, TX 75069	85-1907270	501(C)(3)	95,000.	0.			PROGRAM OPS COST
AUSTIN STREET CENTER 1717 JEFFRIES ST DALLAS, TX 75226	75-1881365	501(C)(3)	15,941.	0.			DONOR DESIGNATIONS
AUSTIN STREET CENTER 1717 JEFFRIES ST DALLAS, TX 75226	75-1881365	501(C)(3)	171,500.	0.			PROGRAM OPS COST
AVANCE DALLAS 2060 SINGLETON BLVD, STE 103 DALLAS, TX 75212	75-2699260	501(C)(3)	614,346.	0.			PROGRAM OPS COST
BACHMAN LAKE TOGETHER 9507 OVERLAKE DR DALLAS, TX 75220	81-4526609	501(C)(3)	45,000.	0.			PROGRAM OPS COST
BAYLOR HEALTH CARE SYSTEM DALLAS FOUNDATION - 301 NORTH WASHINGTON AVE - DALLAS, TX 75246	75-1606705	501(C)(3)	127,625.	0.			PROGRAM OPS COST
BAYLOR UNIVERSITY 1 BEAR PLACE #76360 WACO, TX 76798	74-1159753	501(C)(3)	48,875.	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
BEACON HILL PREPARATORY INSTITUTE 1402 CORINTH STREET, SUITE 257 DALLAS, TX 75215	42-1624235	501(C)(3)	281,500.	0.			PROGRAM OPS COST
BELIEVING IN OUR FUTURE, INC 4232 S WESTMORELAND RD DALLAS, TX 75233	46-0642106	501(C)(3)	10,400.	0.			PROGRAM OPS COST
BIG BROTHERS BIG SISTERS LONE STAR 5001 LYNDON B JOHNSON FWY, SUITE 45 FARMERS BRANCH, TX 75244	75-0800632	501(C)(3)	129,000.	0.			PROGRAM OPS COST
BIG BROTHERS BIG SISTERS LONE STAR 5001 LYNDON B JOHNSON FWY, SUITE 45 FARMERS BRANCH, TX 75244	75-0800632	501(C)(3)	16,640.	0.			DONOR DESIGNATIONS
BIG THOUGHT 1409 BOTHAM JEAN BLVD, #1015 DALLAS, TX 75215	75-2170035	501(C)(3)	22,500.	0.			PROGRAM OPS COST
BLACK HEART ASSOCIATION 1029 KAYLIE ST GRAND PRAIRIE, TX 75052	82-1011939	501(C)(3)	107,500.	0.			PROGRAM OPS COST
BLACK UNITED FUND OF MICHIGAN 7650 2ND AVE STE 120 DETROIT, MI 48202	38-1964012	501(C)(3)	25,938.	0.			DONOR DESIGNATIONS
BLACKS UNITED IN LEADING TECHNOLOGY INTERNATIONAL - PO BOX 831359 - RICHARDSON, TX 75083-1359	85-3164660	501(C)(3)	10,000.	0.			PROGRAM OPS COST
BLOOM INDIA 56 LORENA RD WINCHESTER, MA 01890	80-0727023	501(C)(3)	6,969.	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
BODY & SOUL HOMELESS PROGRAM 1816 ROUTH ST DALLAS, TX 75201	99-1469390	501(C)(3)	13,200.	0.			PROGRAM OPS COST
BOLD IDEA, INC 2904 FLOYD ST., STE A DALLAS, TX 75204	47-3742945	501(C)(3)	40,000.	0.			PROGRAM OPS COST
BONTON FARMS 2612 VALENTINE STREET DALLAS, TX 75215	81-3243887	501(C)(3)	75,000.	0.			PROGRAM OPS COST
BOYS & GIRLS CLUBS OF COLLIN COUNTY - 7790 MAIN STREET, SUITE 117 - FRISCO, TX 75033	75-1296869	501(C)(3)	68,250.	0.			PROGRAM OPS COST
BOYS & GIRLS CLUBS OF COLLIN COUNTY - 7790 MAIN STREET, SUITE 117 - FRISCO, TX 75033	75-1296869	501(C)(3)	8,023.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF GREATER DALLAS - PO BOX 140189 - DALLAS, TX 75214	75-1152657	501(C)(3)	41,301.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF GREATER DALLAS - PO BOX 140189 - DALLAS, TX 75214	75-1152657	501(C)(3)	223,000.	0.			PROGRAM OPS COST
BOYS & GIRLS CLUBS OF NORTHEAST TEXAS - 4320 LEE STREET - GREENVILLE, TX 75401	75-2174005	501(C)(3)	30,000.	0.			PROGRAM OPS COST
BRASWELL CHILD DEVELOPMENT 2203 S 2ND AVENUE DALLAS, TX 75210	75-2538361	501(C)(3)	46,700.	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
BRIDGEBUILDERS 5210 BEXAR ST, #103 DALLAS, TX 75215	75-2596111	501(C)(3)	37,400.	0.			PROGRAM OPS COST
BRIDGES FROM SCHOOL TO WORK 7700 OLD GEORGETOWN ROAD, SUITE 800 BETHESDA, MD 20814	52-1655740	501(C)(3)	32,500.	0.			PROGRAM OPS COST
BROTHER BILL'S HELPING HAND 3906 N WESTMORELAND DALLAS, TX 75212	75-6027740	501(C)(3)	61,073.	0.			PROGRAM OPS COST
BROTHER BILL'S HELPING HAND 3906 N WESTMORELAND DALLAS, TX 75212	75-6027740	501(C)(3)	5,575.	0.			DONOR DESIGNATIONS
BROTHERS ON A MISSION CHARITABLE ORGANIZATION - PO BOX 223581 - DALLAS, TX 75222	83-2749755	501(C)(3)	10,400.	0.			PROGRAM OPS COST
BRYAN'S HOUSE (OPEN ARMS) 3610 PIPESTONE ROAD DALLAS, TX 75212	75-2217559	501(C)(3)	10,061.	0.			DONOR DESIGNATIONS
CAFE MOMENTUM 1510 PACIFIC AVENUE DALLAS, TX 75201	32-0384561	501(C)(3)	45,000.	0.			PROGRAM OPS COST
CAFE MOMENTUM 1510 PACIFIC AVENUE DALLAS, TX 75201	32-0384561	501(C)(3)	5,099.	0.			DONOR DESIGNATIONS
CARDBOARD PROJECT 4008 CAVALRY DR PLANO, TX 75023	81-4431217	501(C)(3)	235,200.	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
CARDIACFITT, LLC 539 COMMERCE STREET, SUITE 5103 DALLAS, TX 75208	84-3452462		50,000.	0.			PROGRAM OPS COST
CATCH UP & READ, INC 12222 MERIT DRIVE, SUITE 110 DALLAS, TX 75251	45-3533496	501(C)(3)	107,500.	0.			PROGRAM OPS COST
CATHOLIC CHARITIES OF DALLAS INC. 1421 W MOCKINGBIRD LN DALLAS, TX 75247	75-2745221	501(C)(3)	389,850.	0.			PROGRAM OPS COST
CATHOLIC CHARITIES OF DALLAS, INC. 1421 W MOCKINGBIRD LN DALLAS, TX 75247	75-2745221	501(C)(3)	66,098.	0.			DONOR DESIGNATIONS
CATHOLIC CHARITIES, DIOCESE OF FT. WORTH - PO BOX 15610 - FORT WORTH, TX 76119	75-0808769	501(C)(3)	8,141.	0.			DONOR DESIGNATIONS
CHALLENGE ISLAND - MID CITIES TEXAS LLC - 2301 POPLAR LN - COLLEYVILLE, TX 76034	86-3495504		16,750.	0.			PROGRAM OPS COST
CHILD AND FAMILY GUIDANCE CENTERS 8915 HARRY HINES BOULEVARD DALLAS, TX 75235	75-0800630	501(C)(3)	70,000.	0.			PROGRAM OPS COST
CHILD AND FAMILY GUIDANCE CENTERS 8915 HARRY HINES BOULEVARD DALLAS, TX 75235	75-0800630	501(C)(3)	9,966.	0.			DONOR DESIGNATIONS
CHILDCAREGROUP 3000 PEGASUS PARK DRIVE, SUITE 800 DALLAS, TX 75247	75-0800634	501(C)(3)	1,251,065.	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
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	65,000.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	5,123.	0.			DONOR DESIGNATIONS
CHILDREN'S ADVOCACY CENTER FOR ROCKWALL COUNTY - 1350 E WASHINGTON STREET - ROCKWALL, TX 75087	47-4946358	501(C)(3)	5,233.	0.			DONOR DESIGNATIONS
CHILDREN'S ADVOCACY CENTER FOR ROCKWALL COUNTY - 1350 E WASHINGTON STREET - ROCKWALL, TX 75087	47-4946358	501(C)(3)	62,500.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BOULEVARD - PLANO, TX 75074	75-2389095	501(C)(3)	102,500.	0.			PROGRAM OPS COST
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BOULEVARD - PLANO, TX 75074	75-2389095	501(C)(3)	21,651.	0.			DONOR DESIGNATIONS
CHILDREN'S MEDICAL CENTER FOUNDATION - 1935 MEDICAL DISTRICT DRIVE - DALLAS, TX 75235	75-2062015	501(C)(3)	32,871.	0.			DONOR DESIGNATIONS
CHILDREN'S MEDICAL CENTER FOUNDATION - 1935 MEDICAL DISTRICT DRIVE - DALLAS, TX 75235	75-2062015	501(C)(3)	45,000.	0.			PROGRAM OPS COST
CHOCOLATE MINT FOUNDATION 1604 FALCON DRIVE DESOTO, TX 75115	27-1589053	501(C)(3)	25,000.	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
CHRISTIAN COMMUNITY ACTION 200 S MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	57,500.	0.			PROGRAM OPS COST
CHRISTIAN COMMUNITY ACTION 200 S MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	5,019.	0.			DONOR DESIGNATIONS
CIRCLE TEN COUNCIL, BOY SCOUTS OF AMERICA - 8605 HARRY HINES BLVD - DALLAS, TX 75235	75-0800615	501(C)(3)	13,678.	0.			DONOR DESIGNATIONS
CIRCLE TEN COUNCIL, BOY SCOUTS OF AMERICA - 8605 HARRY HINES BLVD - DALLAS, TX 95126	75-0800615	501(C)(3)	60,000.	0.			PROGRAM OPS COST
CITY HOUSE, INC. 830 CENTRAL PARKWAY EAST, SUITE 350 PLANO, TX 75074	75-2213291	501(C)(3)	57,500.	0.			PROGRAM OPS COST
CITY YEAR, INC 1922 THE ALAMEDA, SUITE 104 SAN JOSE, CA 951261458	22-2882549	501(C)(3)	112,500.	0.			PROGRAM OPS COST
CITY SQUARE 1610 S. MALCOLM X BLVD DALLAS, TX 75226	75-2332948	501(C)(3)	78,098.	0.			PROGRAM OPS COST
CITY SQUARE 1610 S. MALCOLM X BLVD DALLAS, TX 75226	75-2332948	501(C)(3)	6,619.	0.			DONOR DESIGNATIONS
COMMUNITIES IN SCHOOLS OF NORTH TEXAS, INC. - 217 S STEMMONS - LEWISVILLE, TX 75067	75-2496426	501(C)(3)	90,625.	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
COMMUNITIES IN SCHOOLS OF THE DALLAS REGION, INC. - 1341 W MOCKINGBIRD LANE, SUITE 1000E - DALLAS, TX 75247	75-2044117	501(C)(3)	137,500.	0.			PROGRAM OPS COST
COMMUNITY COUNCIL OF GREATER DALLAS - 1341 W MOCKINGBIRD LANE, STE 1000W - DALLAS, TX 75247	75-0800631	501(C)(3)	65,000.	0.			PROGRAM OPS COST
COMMUNITY DOES IT 232 RIGGS CIR MESQUITE, TX 75149	86-3670401	501(C)(3)	35,000.	0.			PROGRAM OPS COST
COMP-U-DOPT, INC. 1602 AIRLINE DRIVE HOUSTON, TX 77009	26-1460311	501(C)(3)	50,000.	0.			PROGRAM OPS COST
CORNERSTONE ASSISTANCE NETWORK OF NORTH CENTRAL TEXAS - 861 N COLEMAN, SUITE 100 - PROSPER, TX 75078	27-2535979	501(C)(3)	45,000.	0.			PROGRAM OPS COST
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION INC - 1819 MARTIN LUTHER KING JR BLVD - DALLAS, TX 75215	75-2623357	501(C)(3)	50,300.	0.			PROGRAM OPS COST
CORNERSTONE CROSSROADS ACADEMY PO BOX 151062 DALLAS, TX 75315	11-3761734	501(C)(3)	44,000.	0.			PROGRAM OPS COST
CORNERSTONE CROSSROADS ACADEMY PO BOX 151062 DALLAS, TX 75315	11-3761734	501(C)(3)	15,060.	0.			DONOR DESIGNATIONS
CORPORATION FOR A SKILLED WORKFORCE - 10246 CROUSE ROAD, #17 - HARTLAND, MI 48353	38-2991143	501(C)(3)	94,661.	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
COVENANT PURPOSE AND RESTORATION FAMILY CENTER INC - 2154 W NW HWY, SUITE 205 - DALLAS, TX 75220	47-2112781	501(C)(3)	22,500.	0.			PROGRAM OPS COST
CROSSROADS COMMUNITY SERVICES, INC. - 4500 SOUTH COCKRELL HILL ROAD - DALLAS, TX 75236	47-2676714	501(C)(3)	173,333.	0.			PROGRAM OPS COST
CROSSROADS COMMUNITY SERVICES, INC. - 4500 SOUTH COCKRELL HILL ROAD - DALLAS, TX 75236	47-2676714	501(C)(3)	16,159.	0.			DONOR DESIGNATIONS
D. F. W. ECONOMIC SOLUTIONS 8035 E RL THORNTON FWY, #108 DALLAS, TX 75228	83-3835796	501(C)(3)	13,200.	0.			PROGRAM OPS COST
DALLAS AFTERSCHOOL 2902 SWISS AVENUE DALLAS, TX 75204	76-0838983	501(C)(3)	107,500.	0.			PROGRAM OPS COST
DALLAS ARBORETUM & BOTANICAL SOCIETY - 8617 GARLAND ROAD - DALLAS, TX 75218	23-7375815	501(C)(3)	9,769.	0.			DONOR DESIGNATIONS
DALLAS AREA HABITAT FOR HUMANITY 2800 N HAMPTON ROAD DALLAS, TX 75212-5029	75-2097161	501(C)(3)	50,000.	0.			PROGRAM OPS COST
DALLAS AREA HABITAT FOR HUMANITY 2800 N HAMPTON ROAD DALLAS, TX 75212-5029	75-2097161	501(C)(3)	14,467.	0.			DONOR DESIGNATIONS
DALLAS AREA RAPE CRISIS CENTER 2801 SWISS AVE, APT 912 DALLAS, TX 75201	26-1233346	501(C)(3)	25,000.	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
DALLAS BETHLEHEM CENTER 4410 LELAND AVENUE DALLAS, TX 75215	75-0800667	501(C)(3)	31,000.	0.			PROGRAM OPS COST
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	150,200.	0.			PROGRAM OPS COST
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	13,028.	0.			DONOR DESIGNATIONS
DALLAS COLLEGE FOUNDATION, INC. 1601 BOTHAM JEAN BLVD DALLAS, TX 75215	23-7326612	501(C)(3)	423,000.	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)	538,327.	0.			PROGRAM OPS COST
DALLAS EDUCATION FOUNDATION 9400 N CENTRAL EXPWY MB 19, SUITE 1 DALLAS, TX 75231	20-5533398	501(C)(3)	128,485.	0.			PROGRAM OPS COST
DALLAS EVICTION ADVOCACY CENTER 2921 LEESHIRE DRIVE DALLAS, TX 75228	86-1742216	501(C)(3)	102,500.	0.			PROGRAM OPS COST
DALLAS HOPE CHARITIES 5910 CEDAR SPRINGS RD. DALLAS, TX 75235	81-2568424	501(C)(3)	13,200.	0.			PROGRAM OPS COST
DALLAS INDEPENDENT SCHOOL DISTRICT 9400 N CENTRAL EXPWY DALLAS, TX 75231	75-6001278		426,043.	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
DALLAS LEADERSHIP FOUNDATION 1521 N PEAK STREET DALLAS, TX 75204	75-2583815	501(C)(3)	15,000.	0.			PROGRAM OPS COST
DALLAS SERVICES 5442 LA SIERRA DR DALLAS, TX 75231	75-0958408	501(C)(3)	78,000.	0.			PROGRAM OPS COST
DEAF ACTION CENTER 3110 CEDAR PLAZA LANE DALLAS, TX 75235	75-1575599	501(C)(3)	32,000.	0.			PROGRAM OPS COST
DELIGHTED TO DOULA BIRTH SERVICES 5600 ROSS AVENUE, SUITE 100 DALLAS, TX 75206	83-3622258	501(C)(3)	72,445.	0.			PROGRAM OPS COST
DEMENTIA CARE WARRIORS 545 RISING RIDGE DR DESOTO, TX 75115	84-3664849	501(C)(3)	25,000.	0.			PROGRAM OPS COST
DENTON COUNTY FRIENDS OF THE FAMILY - 4845 INTERSTATE 35E - CORINTH, TX 76210	75-1734175	501(C)(3)	87,500.	0.			PROGRAM OPS COST
DREAMSPRING 2000 ZEARING AVE NW ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	25,000.	0.			PROGRAM OPS COST
DWELL WITH DIGNITY 3112 HOOD STREET DALLAS, TX 75219	26-4658235	501(C)(3)	15,000.	0.			PROGRAM OPS COST
EDUCATION IS FREEDOM 1111 W MOCKINGBIRD LANE, SUITE 1300 DALLAS, TX 75247	04-3643313	501(C)(3)	80,667.	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
EDUCATIONAL FIRST STEPS 2815 GASTON AVENUE DALLAS, TX 75226	75-2334053	501(C)(3)	30,000.	0.			PROGRAM OPS COST
EMPOWERING THE MASSES 2922 MARTIN LUTHER KING JR BLVD, ST DALLAS, TX 75215	82-4300966	501(C)(3)	192,500.	0.			PROGRAM OPS COST
EQUAL HEART 4848 LEMMON AVENUE #513 DALLAS, TX 75219	46-2846816	501(C)(3)	45,000.	0.			PROGRAM OPS COST
FAITH MINISTRIES OF TEXAS, INC. 1229 E PLEASANT RUN RD, STE 124 DESOTO, TX 75115	71-1030804	501(C)(3)	10,400.	0.			PROGRAM OPS COST
FAMILIES TO FREEDOM 1720 REGAL ROW, SUITE 135 DALLAS, TX 75235	47-3184478	501(C)(3)	55,000.	0.			PROGRAM OPS COST
FAMILY CARE CONNECTION 6969 PASTOR BAILEY DR, STE 140 DALLAS, TX 75376	20-1211618	501(C)(3)	274,027.	0.			PROGRAM OPS COST
FAMILY COMPASS 4210 JUNIUS STREET, SECOND FLOOR DALLAS, TX 75246	75-2400158	501(C)(3)	71,500.	0.			PROGRAM OPS COST
FAMILY GATEWAY, INC 1421 W MOCKINGBIRD LANE, SUITE C DALLAS, TX 75247	75-2105579	501(C)(3)	159,153.	0.			PROGRAM OPS COST
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	27,759.	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
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	282,500.	0.			PROGRAM OPS COST
FERST FOUNDATION FOR CHILDHOOD LITERACY - 237 N SECOND STREET - MADISON, GA 30650	58-2489181	501(C)(3)	579,500.	0.			PROGRAM OPS COST
FIGHTING HOMELESSNESS 4545 ROYAL LANE DALLAS, TX 75229	86-3794114	501(C)(3)	13,200.	0.			PROGRAM OPS COST
FII - NATIONAL UPTOGETHER 663 13TH ST, SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	60,000.	0.			PROGRAM OPS COST
FIRST CHOICE SOCIAL SERVICES 2922 MLK BLVD, #118 DALLAS, TX 75215	46-3827310	501(C)(3)	10,400.	0.			PROGRAM OPS COST
FIRST3YEARS 15851 DALLAS PARKWAY, #106 ADDISON, TX 75001	75-2067421	501(C)(3)	45,000.	0.			PROGRAM OPS COST
FORNEY AREA UNITED WAY PO BOX 821 FORNEY, TX 75126	75-1742830	501(C)(3)	11,864.	0.			DONOR DESIGNATIONS
FOUNDATION COMMUNITIES 3000 S IH 35, SUITE 300 AUSTIN, TX 78704	74-2563260	501(C)(3)	459,587.	0.			PROGRAM OPS COST
FRIENDS OF THE DALLAS PUBLIC LIBRARY - 1515 YOUNG STREET, 7TH FLOOR - DALLAS, TX 75201	75-2033106	501(C)(3)	10,400.	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
GENESIS WOMEN'S SHELTER & SUPPORT 2023 LUCAS DR DALLAS, TX 75219	87-1061849	501(C)(3)	8,378.	0.			DONOR DESIGNATIONS
GENESIS WOMEN'S SHELTER & SUPPORT 2023 LUCAS DR DALLAS, TX 75219	87-1061849	501(C)(3)	187,250.	0.			PROGRAM OPS COST
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE DALLAS, TX 75252	75-1101571	501(C)(3)	157,250.	0.			PROGRAM OPS COST
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE DALLAS, TX 75252	75-1101571	501(C)(3)	41,631.	0.			DONOR DESIGNATIONS
GIRLS EMPOWERMENT NETWORK 3710 CEDAR STREET, SUITE 101 AUSTIN, TX 78705	74-2837732	501(C)(3)	25,000.	0.			PROGRAM OPS COST
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL DRIVE - DALLAS, TX 75235	75-1305705	501(C)(3)	18,761.	0.			DONOR DESIGNATIONS
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL DRIVE - DALLAS, TX 75235	75-1305705	501(C)(3)	116,750.	0.			PROGRAM OPS COST
GIRLSTART 1400 W ANDERSON LANE AUSTIN, TX 78757	31-1595414	501(C)(3)	37,500.	0.			PROGRAM OPS COST
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFIT DETROIT, MI 48207	38-2156255	501(C)(3)	9,861.	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
GOODWILL INDUSTRIES OF DALLAS, INC. - 3020 N WESTMORELAND ROAD - DALLAS, TX 75212	75-0800649	501(C)(3)	343,000.	0.			PROGRAM OPS COST
GREATER ENNIS UNITED WAY 815 W ENNIS AVENUE ENNIS, TX 75119	23-7087962	501(C)(3)	6,789.	0.			DONOR DESIGNATIONS
GREATER LONGVIEW UNITED WAY, INC. 310 SOUTH FREDONIA LONGVIEW, TX 75601	75-0998908	501(C)(3)	9,970.	0.			DONOR DESIGNATIONS
HARMONY COMMUNITY DEVELOPMENT CORPORATION - 6969 PASTOR BAILEY DR, SUITE 110 - DALLAS, TX 75237	26-1245799	501(C)(3)	328,000.	0.			PROGRAM OPS COST
HEALTH SERVICES OF NORTH TEXAS, INC. - 306 N LOOP 288, STE 200 - DENTON, TX 76209	75-2252866	501(C)(3)	154,500.	0.			PROGRAM OPS COST
HEALTHY FUTURES OF TEXAS 2300 W COMMERCE ST, SUITE 212 SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	45,000.	0.			PROGRAM OPS COST
HEAR MY CRY FOUNDATION 2626 COLE AVE, #300 DALLAS, TX 75204	46-3652341	501(C)(3)	25,000.	0.			PROGRAM OPS COST
HEART HOUSE PO BOX 823162 DALLAS, TX 75382	75-2898097	501(C)(3)	48,000.	0.			PROGRAM OPS COST
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SW, STE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	13,791.	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
HENDERSON COUNTY UNITED WAY PO BOX 43166 SEVEN POINTS, TX 75143	75-1638907	501(C)(3)	7,166.	0.			DONOR DESIGNATIONS
HHM HEALTH 5750 PINELAND, SUITE 300 DALLAS, TX 75231	65-1259379	501(C)(3)	62,500.	0.			PROGRAM OPS COST
HOMEWARD BOUND, INC 315 SUNSET AVENUE DALLAS, TX 75208	74-2127841	501(C)(3)	60,000.	0.			PROGRAM OPS COST
HOPE CLINIC OF GARLAND, INC 800 S. 6TH ST., STE 100 GARLAND, TX 75040	75-2960314	501(C)(3)	25,000.	0.			PROGRAM OPS COST
HOPE COTTAGE, INC. 609 TEXAS ST DALLAS, TX 75204	75-0800652	501(C)(3)	5,688.	0.			DONOR DESIGNATIONS
HOPE RESTORED MISSIONS, LLC 1947 K AVENUE, SUITE B-100 PLANO, TX 75074	84-2252859	501(C)(3)	47,500.	0.			PROGRAM OPS COST
HOPEFUL SOLUTIONS 3155 S LANCASTER RD, #200 DALLAS, TX 75216	51-0556312	501(C)(3)	10,400.	0.			PROGRAM OPS COST
HOUSING CONNECTOR 1301 5TH AVENUE, SUITE 1500 SEATTLE, WA 98101	84-2100263	501(C)(3)	160,000.	0.			PROGRAM OPS COST
HOUSING FORWARD 3000 PEGASUS PARK DR, STE 1020 DALLAS, TX 75247	75-2461679	501(C)(3)	53,000.	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
HUMANITY SUPPORT USA 10931 STONE CANYON RD, #240 DALLAS, TX 75230	81-2998005	501(C)(3)	13,200.	0.			PROGRAM OPS COST
HUNTSVILLE/MADISON COUNTY CHAMBER OF COMMERCE FOUNDATION, INC. - 225 CHURCH ST NW - HUNTSVILLE, AL 35801	63-0938561	501(C)(3)	130,900.	0.			PROGRAM OPS COST
ICNA RELIEF USA PROGRAMS INC. 1529 JERICHO TURNPIKE NEW HYDE PARK, NY 11040	04-3810161	501(C)(3)	25,000.	0.			PROGRAM OPS COST
IN MY SHOES, INC. 12222 MERIT DRIVE, SUITE 1900 DALLAS, TX 75251-3209	46-3543853	501(C)(3)	18,230.	0.			PROGRAM OPS COST
INCARNATION PLACE INC 3711 HOLLAND, #103 DALLAS, TX 75219	82-0626524	501(C)(3)	56,500.	0.			PROGRAM OPS COST
INSPIRING TOMORROW'S LEADERS 3662 W CAMP WISDOM RD, #2044 DALLAS, TX 75237	90-0672495	501(C)(3)	25,000.	0.			PROGRAM OPS COST
INTERFAITH FAMILY SERVICES 1651 MATILDA STREET DALLAS, TX 75206	75-2028254	501(C)(3)	292,000.	0.			PROGRAM OPS COST
IRVING CARES 440 SOUTH NURSERY ROAD, #101 IRVING, TX 75060	75-1436937	501(C)(3)	20,000.	0.			PROGRAM OPS COST
IT'S GOING TO BE OK INC 4232 S WESTMORELAND RD DALLAS, TX 75233	46-5139883	501(C)(3)	25,000.	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
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD, SUITE 102 - DALLAS, TX 75248	75-1992728	501(C)(3)	10,864.	0.			DONOR DESIGNATIONS
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD, SUITE 102 - DALLAS, TX 75248	75-1992728	501(C)(3)	239,050.	0.			PROGRAM OPS COST
JUBILEE PARK & COMMUNITY CENTER 917 BANK ST DALLAS, TX 75223	75-2726296	501(C)(3)	97,250.	0.			PROGRAM OPS COST
JULIA'S CENTER 1947 AVE K, STE A100 PLANO, TX 75074	81-2379294	501(C)(3)	25,000.	0.			PROGRAM OPS COST
JUNIOR ACHIEVEMENT OF DALLAS, INC. 3000 PEGASUS DR. #720, SUITE 720 DALLAS, TX 75247	75-0881589	501(C)(3)	25,000.	0.			PROGRAM OPS COST
JUNIOR ACHIEVEMENT OF DALLAS, INC. 3000 PEGASUS DR, SUITE 720 DALLAS, TX 75247	75-0881589	501(C)(3)	8,420.	0.			DONOR DESIGNATIONS
JUNIOR PLAYERS 12225 GREENVILLE AVENUE, SUITE 1020 DALLAS, TX 75243	75-6061082	501(C)(3)	14,750.	0.			PROGRAM OPS COST
KIDDOFIT 4613 JASMINE TRAIL MIDLOTHIAN, TX 76065	83-4678156		35,750.	0.			PROGRAM OPS COST
KIPP TEXAS, INC. PO BOX 674443 DALLAS, TX 75267	01-0639602	501(C)(3)	50,000.	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
K-NATION GROUP 8703 THOMAS WAY ROWLETT, TX 75089	81-4711291	501(C)(3)	13,200.	0.			PROGRAM OPS COST
LANCASTER INDEPENDENT SCHOOL DISTRICT - 422 S CENTRE AVE - LANCASTER, TX 75146	75-6001936	501(C)(3)	24,000.	0.			PROGRAM OPS COST
LEADERSHIP FORWARD MENTORING PROGRAM - 616 N MADISON AVE. - DALLAS, TX 75208	82-0977074	501(C)(3)	45,000.	0.			PROGRAM OPS COST
LIGHT OF HOPE IMMIGRATION LAW CENTER CENTER, INC - 1339 19TH ST - PLANO, TX 75074	32-0183060	501(C)(3)	25,000.	0.			PROGRAM OPS COST
LIGHTPATH HEALTH 1914 SKILLMAN ST, SUITE 110-169 DALLAS, TX 75206	85-0822605	501(C)(3)	25,000.	0.			PROGRAM OPS COST
LITEHOUSE WELLNESS 5931 GREENVILLE AVENUE, #763 DALLAS, TX 75206	84-3884158	501(C)(3)	95,750.	0.			PROGRAM OPS COST
LITERACY ACHIEVES 4210 JUNIUS ST, 5TH FLOOR DALLAS, TX 75246	75-2708992	501(C)(3)	102,500.	0.			PROGRAM OPS COST
LIVE RICH BE WELL CO LLC 3626 NORTH HALL STREET, #610 DALLAS, TX 75219	85-0890922		25,000.	0.			PROGRAM OPS COST
LONE STAR JUSTICE ALLIANCE 3809 S 1ST STREET AUSTIN, TX 78704	82-2345921	501(C)(3)	185,000.	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
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - DALLAS, TX 75212	75-1378664	501(C)(3)	942,241.	0.			PROGRAM OPS COST
LUMIN EDUCATION 7130 LINDSLEY AVENUE DALLAS, TX 75223	75-1612054	501(C)(3)	734,775.	0.			PROGRAM OPS COST
MAD SCIENCE OF DALLAS 1501 RANDOLPH STREET, SUITE E4 CARROLLTON, TX 75006	20-4244716		53,750.	0.			PROGRAM OPS COST
MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS - 3003 SWISS AVE - DALLAS, TX 75204	46-3992618	501(C)(3)	80,000.	0.			PROGRAM OPS COST
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE ST MCKINNEY, TX 75069	75-1544507	501(C)(3)	7,026.	0.			DONOR DESIGNATIONS
MERCY STREET 3801 HOLYSTONE ST DALLAS, TX 75212	45-0536344	501(C)(3)	7,385.	0.			DONOR DESIGNATIONS
MERCY STREET, INC. 3801 HOLYSTONE ST DALLAS, TX 75212	45-0536344	501(C)(3)	62,500.	0.			PROGRAM OPS COST
METHODIST HEALTH SYSTEM FOUNDATION 1411 NORTH BECKLEY AVENUE DALLAS, TX 75203	75-1548343	501(C)(3)	5,885.	0.			DONOR DESIGNATIONS
METHODIST HEALTH SYSTEM FOUNDATION 1411 NORTH BECKLEY AVENUE DALLAS, TX 75203	75-1548343	501(C)(3)	63,500.	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
METROCREST SERVICES 13801 HUTTON DRIVE, STE 150 FARMERS BRANCH, TX 75234	75-1548334	501(C)(3)	6,147.	0.			DONOR DESIGNATIONS
METROCREST SERVICES 13801 HUTTON DRIVE, STE 150 FARMERS BRANCH, TX 75234	75-1548334	501(C)(3)	125,500.	0.			PROGRAM OPS COST
MI ESCUELITA PRESCHOOL, INC. 4231 MAPLE AVENUE DALLAS, TX 75219	75-1728505	501(C)(3)	31,230.	0.			DONOR DESIGNATIONS
MI ESCUELITA PRESCHOOL, INC. 4231 MAPLE AVENUE DALLAS, TX 75219	75-1728505	501(C)(3)	210,000.	0.			PROGRAM OPS COST
MILE HIGH UNITED WAY INC. 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	6,794.	0.			DONOR DESIGNATIONS
MILES OF FREEDOM 2922 MARTIN LUTHER KING J. BLVD, BUILDING A, SUITE 104 - DALLAS, TX 75215	45-4959062	501(C)(3)	80,500.	0.			PROGRAM OPS COST
MILLENNIAL EDUCATION 3650 NORTH BUCKNER, #110A DALLAS, TX 75228	99-1947944	501(C)(3)	6,000.	0.			PROGRAM OPS COST
MOMENTOUS INSTITUTE 106 EAST 10TH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	11,829.	0.			DONOR DESIGNATIONS
MOMENTOUS INSTITUTE 106 EAST 10TH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	65,000.	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
MOSAIC FAMILY SERVICES, INC. 12225 GREENVILLE AVE, SUITE 800 DALLAS, TX 75243	75-2484565	501(C)(3)	219,000.	0.			PROGRAM OPS COST
MOUNT OLIVE LUTHERAN CHURCH 3100 MARTIN LUTHER KING JR BLVD DALLAS, TX 75215	75-1317826	501(C)(3)	10,400.	0.			PROGRAM OPS COST
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	26-1509133	501(C)(3)	127,750.	0.			PROGRAM OPS COST
NAMI NORTH TEXAS 2812 SWISS AVE DALLAS, TX 75204	75-1875023	501(C)(3)	48,750.	0.			PROGRAM OPS COST
NETWORK OF COMMUNITY MINISTRIES 1500 INTERNATIONAL PARKWAY, STE 300 RICHARDSON, TX 75081	75-2060900	501(C)(3)	37,500.	0.			PROGRAM OPS COST
NEW FRIENDS NEW LIFE PO BOX 192378 DALLAS, TX 75219	75-2820473	501(C)(3)	67,500.	0.			PROGRAM OPS COST
NEXUS FAMILY RECOVERY CENTER, INC. 8733 LA PRADA DR DALLAS, TX 75228	23-7169388	501(C)(3)	163,750.	0.			PROGRAM OPS COST
NOMI NETWORK, INC 6060 CENTER DRIVE, FLOOR 10 LOS ANGELES, CA 90045	80-0290896	501(C)(3)	20,000.	0.			PROGRAM OPS COST
NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501(C)(3)	42,500.	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
NORTH TEXAS AREA UNITED WAY 1105 HOLIDAY STREET WICHITA FALLS, TX 76307	75-0950126	501(C)(3)	5,454.	0.			DONOR DESIGNATIONS
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	33,734.	0.			DONOR DESIGNATIONS
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	57,500.	0.			PROGRAM OPS COST
NOTRE DAME OF DALLAS SCHOOLS 2018 ALLEN STREET DALLAS, TX 75204	75-2896518	501(C)(3)	25,000.	0.			PROGRAM OPS COST
NPOWER 55 WASHINGTON STREET, SUITE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	95,000.	0.			PROGRAM OPS COST
OAK CLIFF EMPOWERED, INC. 400 S ZANG BLVD, STE C59 DALLAS, TX 75208	26-1372146	501(C)(3)	31,500.	0.			PROGRAM OPS COST
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	25,138.	0.			DONOR DESIGNATIONS
ORANGEWOOD CHILDREN'S FOUNDATION 1901 N FAIRVIEW ST SANTA ANA, CA 92706	95-3616628	501(C)(3)	16,314.	0.			DONOR DESIGNATIONS
OUR FRIENDS PLACE 6500 GREENVILLE AVE, SUITE 620 DALLAS, TX 75206	75-2077719	501(C)(3)	50,000.	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
OUR HANNAH'S HOUSE 3522 MELINDA HILLS DR DALLAS, TX 75212	88-2380716	501(C)(3)	10,400.	0.			PROGRAM OPS COST
PARKLAND FOUNDATION FOR PARKLAND HEALTH & HOSPITAL SYSTEM - 1341 W MOCKINGBIRD LN, SUITE 1100E - DALLAS, TX 75247	75-2089180	501(C)(3)	78,750.	0.			PROGRAM OPS COST
PAWS WITH A CAUSE NATIONAL HEADQUARTERS - 4646 DIVISION AVE - WAYLAND, MI 49348	38-2370342	501(C)(3)	13,860.	0.			DONOR DESIGNATIONS
PEDIPLACE 502 SOUTH OLD ORCHARD LN, STE 126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	155,000.	0.			PROGRAM OPS COST
PER SCHOLAS 804 EAST 138TH ST, 2ND FLOOR, #2 BRONX, NY 10454	04-3252955	501(C)(3)	40,000.	0.			PROGRAM OPS COST
PICKLES & POPSICLES, INC. 109 MONTAIGNE WAY CLINTON, MS 39056	83-3607098	501(C)(3)	9,000.	0.			PROGRAM OPS COST
PLAI PLACE LLC 4428 MAIN STREET, #200 DALLAS, TX 75226	81-3880410		29,750.	0.			PROGRAM OPS COST
PLYMOUTH COMMUNITY UNITED WAY 960 W ANN ARBOR TRAIL, STE 2 PLYMOUTH, MI 48170	23-7327248	501(C)(3)	8,904.	0.			DONOR DESIGNATIONS
PRESTONWOOD BAPTIST CHURCH 6801 W PARK BLVD PLANO, TX 75093	75-1543546	501(C)(3)	11,767.	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
PRISM HEALTH NORTH TEXAS 351 W JEFFERSON BLVD, SUITE 300 DALLAS, TX 75287	75-2306145	501(C)(3)	268,249.	0.			PROGRAM OPS COST
PRISON ENTREPRENEURSHIP PROGRAM 6501 NAVIGATION BLVD, STE H7 HOUSTON, TX 77011	20-1384253	501(C)(3)	154,675.	0.			PROGRAM OPS COST
PROJECT TRANSFORMATION 4024 CARUTH BLVD DALLAS, TX 75225	75-2930405	501(C)(3)	20,000.	0.			PROGRAM OPS COST
PUEDE NETWORK 2207 HARLANDALE AVE DALLAS, TX 75216	47-4703462	501(C)(3)	20,000.	0.			PROGRAM OPS COST
RAINBOW DAYS, INC. 12221 MERIT DR, SUITE 1700 DALLAS, TX 75251	75-1844908	501(C)(3)	86,500.	0.			PROGRAM OPS COST
RAPE CRISIS CENTER OF COLLIN COUNTY DBA THE TURNING POINT - 3325 SILVERSTONE - PLANO, TX 75023	75-2065785	501(C)(3)	45,000.	0.			PROGRAM OPS COST
READERS 2 LEADERS 2800 N HAMPTON RD, SUITE 120 DALLAS, TX 75212	90-0641325	501(C)(3)	167,750.	0.			PROGRAM OPS COST
READING PARTNERS - DALLAS 7950 ELMBROOK DR DALLAS, TX 75247	77-0568469	501(C)(3)	159,500.	0.			PROGRAM OPS COST
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	75-6005093	501(C)(3)	27,500.	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
RESOURCE CENTER OF DALLAS, INC. PO BOX 190869 DALLAS, TX 75219	75-1892059	501(C)(3)	138,000.	0.			PROGRAM OPS COST
RESOURCE CENTER OF DALLAS, INC. PO BOX 190869 DALLAS, TX 75219	75-1892059	501(C)(3)	7,695.	0.			DONOR DESIGNATIONS
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET, BLDG B ROCKWALL, TX 75087	75-2402276	501(C)(3)	6,072.	0.			DONOR DESIGNATIONS
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET, BLDG B ROCKWALL, TX 75087	75-2402276	501(C)(3)	95,500.	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
SCHOLARSHOT, INC. 2904 SWISS AVENUE DALLAS, TX 75204	27-0232250	501(C)(3)	50,000.	0.			PROGRAM OPS COST
SENIOR CITIZENS OF GREATER DALLAS, INC. - 3910 HARRY HINES BLVD - DALLAS, TX 75275	75-1085555	501(C)(3)	129,500.	0.			PROGRAM OPS COST
SHARED HOUSING CENTER, INC. 402 N GOOD LATIMER EXPRESSWAY DALLAS, TX 75204	75-2137522	501(C)(3)	30,000.	0.			PROGRAM OPS COST
SHARING LIFE COMMUNITY OUTREACH, INC. - 3795 W EMPORIUM CIRCLE - MESQUITE, TX 75150	75-2831756	501(C)(3)	66,000.	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
SHEPHERD INN TRANSITIONAL HOUSING 202 N BEATON ST CORNICANA, TX 75110	85-3465298	501(C)(3)	13,200.	0.			PROGRAM OPS COST
SKILLS OF CHICAGO 205 W WACKER DR, SUITE 2000 CHICAGO, IL 60606	45-1287418	501(C)(3)	75,000.	0.			PROGRAM OPS COST
SOCIETY OF ST. VINCENT DE PAUL OF NORTH TEXAS - 3826 GILBERT AVE - DALLAS, TX 75219-4346	75-1630370	501(C)(3)	58,125.	0.			PROGRAM OPS COST
SOUL FOR CHRIST MINISTRY INC 2402 S BECKLEY AVENUE DALLAS, TX 75224	75-2946782	501(C)(3)	10,400.	0.			PROGRAM OPS COST
SOUTH MILAM COUNTY UNITED WAY PO BOX 189 ROCKDALE, TX 76567	23-7082834	501(C)(3)	9,568.	0.			DONOR DESIGNATIONS
SOUTHERN DALLAS LINK INC. 3560 W CAMP WISDOM RD, NUM 200 DALLAS, TX 75237	82-2392922	501(C)(3)	35,000.	0.			PROGRAM OPS COST
SOUTHERN METHODIST UNIVERSITY 3140 DYER ST, MS# 261 DALLAS, TX 75275-0511	75-0800689	501(C)(3)	75,000.	0.			PROGRAM OPS COST
SOUTHWESTERN DIABETIC FOUNDATION INC. - 10687 FM 678 - WHITESBORO, TX 76273	75-6002547	501(C)(3)	7,020.	0.			DONOR DESIGNATIONS
SOUTHWESTERN DIABETIC FOUNDATION INC. - 10687 FM 678 - WHITESBORO, TX 76273	75-6002547	501(C)(3)	20,000.	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
ST. PHILIPS SCHOOL AND COMMUNITY CENTER FOUNDATION - 1600 PENNSYLVANIA AVENUE - DALLAS, TX 75215	75-2703544	501(C)(3)	10,858.	0.			DONOR DESIGNATIONS
STORM CENTER OF HOPE & SERVICE, INC - 500 E ARAPAHO RD, STE 309 - RICHARDSON, TX 75081	85-0838987	501(C)(3)	10,000.	0.			PROGRAM OPS COST
STUDIO BELLA FOR KIDS, LLC 1450 OLD GATE LANE DALLAS, TX 75218	82-1653436		35,875.	0.			PROGRAM OPS COST
T.R. HOOVER COMMUNITY DEVELOPMENT CENTER - 5106 BEXAR STREET - DALLAS, TX 75215	75-2700136	501(C)(3)	67,500.	0.			PROGRAM OPS COST
TERRELL/KAUFMAN UNITED WAY 102 E MOORE AVE, SUITE 220 TERRELL, TX 75160	75-2420233	501(C)(3)	9,350.	0.			DONOR DESIGNATIONS
TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BOULEVARD, SUITE 300 ARLINGTON, TX 76011	75-2022128	501(C)(3)	93,125.	0.			PROGRAM OPS COST
TEXAS MUSLIM WOMEN'S FOUNDATION, INC. - PO BOX 863388 - PLANO, TX 75086	20-3060929	501(C)(3)	62,500.	0.			PROGRAM OPS COST
TEXAS TICKIDS 2208 GLASCOW CT CARROLLTON, TX 75007	99-0815450	501(C)(3)	7,000.	0.			PROGRAM OPS COST
THE ARTIST OUTREACH 8117 PRESTON ROAD, SUITE 300 DALLAS, TX 75225	46-0638240	501(C)(3)	25,000.	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 BRIDGE HOMELESS RECOVERY CENTER - 1818 CORSICANA STREET - DALLAS, TX 75201	45-3452817	501(C)(3)	97,500.	0.			PROGRAM OPS COST
THE CAPITAL GOOD FUND 333 SMITH STREET PROVIDENCE, RI 02908	80-0348382	501(C)(3)	100,000.	0.			PROGRAM OPS COST
THE COMMIT PARTNERSHIP 3000 PEGASUS PARK DR, SUITE 900 DALLAS, TX 75247	80-0790222	501(C)(3)	63,500.	0.			PROGRAM OPS COST
THE CONCILIO 650 FORT WORTH AVE, STE 250 DALLAS, TX 75208	75-1770140	501(C)(3)	114,272.	0.			PROGRAM OPS COST
THE EDUCATOR COLLECTIVE 3000 PEGASUS PARK DR, STE 715 DALLAS, TX 75247	47-1789138	501(C)(3)	99,000.	0.			PROGRAM OPS COST
THE GEMS CAMP, INCORPORATED 1408 N RIVERFRONT BLVD, #249 DALLAS, TX 75207	46-3363376	501(C)(3)	97,500.	0.			PROGRAM OPS COST
THE JED FOUNDATION 745 5TH AVE, SUITE 500 NEW YORK, NY 10151	13-4131139	501(C)(3)	37,500.	0.			PROGRAM OPS COST
THE LEARNING BRIDGE 1915 NATCHEZ TRACE ALLEN, TX 75013	33-1098480		70,000.	0.			PROGRAM OPS COST
THE LULLABY HOUSE 7441 MARVIN D LOVE FWY, SUITE 201 DALLAS, TX 75237	47-3576009	501(C)(3)	12,800.	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 MAMA WELLNESS FOUNDATION 5711 PRESTON OAK RD, APT 647 DALLAS, TX 75254	93-2128554	501(C)(3)	25,000.	0.			PROGRAM OPS COST
THE SALOME FOUNDATION 12548 RIALTO DR DALLAS, TX 75243	83-1776287	501(C)(3)	12,088.	0.			PROGRAM OPS COST
THE SALVATION ARMY-NORTH TEXAS AREA COMMAND - PO BOX 36006 - DALLAS, TX 75235	58-0660607	501(C)(3)	22,138.	0.			DONOR DESIGNATIONS
THE SALVATION ARMY-NORTH TEXAS AREA COMMAND - PO BOX 36006 - DALLAS, TX 75235	58-0660607	501(C)(3)	202,000.	0.			PROGRAM OPS COST
THE SAMARITAN INN 1725 NORTH MCDONALD STREET MCKINNEY, TX 75071	75-1984285	501(C)(3)	13,633.	0.			DONOR DESIGNATIONS
THE SAMARITAN INN 1725 NORTH MCDONALD STREET MCKINNEY, TX 75071	75-1984285	501(C)(3)	62,500.	0.			PROGRAM OPS COST
THE SENIOR SOURCE 3910 HARRY HINES BLVD DALLAS, TX 75219	75-1085555	501(C)(3)	6,027.	0.			DONOR DESIGNATIONS
THE STEM JUNKIE 527 GOODWIN ST GRAND PRAIRIE, TX 75052	45-5477048		42,500.	0.			PROGRAM OPS COST
THE STEWPOT OF FIRST PRESBYTERIAN CHURCH - 1835 YOUNG ST - DALLAS, TX 75201	75-0871727	501(C)(3)	43,125.	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 STEWPOT OF FIRST PRESBYTERIAN CHURCH - 1835 YOUNG ST - DALLAS, TX 75201	75-0871727	501(C)(3)	7,804.	0.			DONOR DESIGNATIONS
THE UNITED WAY OF MIDLAND, INC. 1209 WEST WALL STREET MIDLAND, TX 79701	75-0945926	501(C)(3)	7,724.	0.			DONOR DESIGNATIONS
THE UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL ROAD RICHARDSON, TX 75080-3021	75-1305566	501(C)(3)	27,500.	0.			PROGRAM OPS COST
THE VISITING NURSE ASSOCIATION OF TEXAS (VNA) - 1420 W MOCKINGBIRD LN, 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 - DALLAS, TX 75247	75-0800692	501(C)(3)	7,203.	0.			DONOR DESIGNATIONS
THE WARREN CENTER 320 CUSTER ROAD RICHARDSON, TX 75080	75-1282040	501(C)(3)	6,477.	0.			DONOR DESIGNATIONS
THE WARREN CENTER 320 CUSTER ROAD RICHARDSON, TX 75080	75-1282040	501(C)(3)	100,600.	0.			PROGRAM OPS COST
THE WAY BACK HOUSE, INC. 2828 FISH TRAP ROAD DALLAS, TX 75212	75-1446346	501(C)(3)	15,900.	0.			PROGRAM OPS COST
THE WRIGHT CAUSE URBAN YOUTH CONSERVATION - 539 W COMMERCE ST, STE 2241 - DALLAS, TX 75208	92-2482954	501(C)(3)	10,400.	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
TIA'S STEAM ENRICHMENT, LLC - DBA CHALLENGE ISLAND-WEST PLANO/NORTH DALLAS - 7989 BELTLINE RD, #180 - DALLAS, TX 75248	82-0680309		30,750.	0.			PROGRAM OPS COST
TOGETHER WE THRIVE 6276 PRESTON CREEK DRIVE DALLAS, TX 75240	83-2951879	501(C)(3)	40,000.	0.			PROGRAM OPS COST
TRANSITION RESOURCE ACTION CENTER 3108 LIVE OAK STREET DALLAS, TX 75204	92-1587776	501(C)(3)	90,700.	0.			PROGRAM OPS COST
TRINITY RESTORATION MINISTRIES 2728 HOLMES STREET DALLAS, TX 75215	20-1122309	501(C)(3)	50,000.	0.			PROGRAM OPS COST
TRUSTED WORLD FOUNDATION 613 EASY ST, SUITE B GARLAND, TX 75042	45-5264332	501(C)(3)	117,500.	0.			PROGRAM OPS COST
TULSA AREA UNITED WAY 1430 SOUTH BOULDER AVENUE TULSA, OK 74119	73-0580283	501(C)(3)	73,028.	0.			DONOR DESIGNATIONS
U&I 8800 AMBASSADOR ROW DALLAS, TX 75247	75-1008422	501(C)(3)	63,000.	0.			PROGRAM OPS COST
UNDER 1 ROOF 5787 S HAMPTON RD, SUITE 390 DALLAS, TX 75232	80-0765001	501(C)(3)	54,000.	0.			PROGRAM OPS COST
UNITED TO LEARN 3000 PEGASUS PARK DRIVE, SUITE 940 DALLAS, TX 75247	82-2121965	501(C)(3)	25,000.	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
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	6,335.	0.			DONOR DESIGNATIONS
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE ROAD, 5TH FLO AUSTIN, TX 78752	74-1193439	501(C)(3)	65,794.	0.			DONOR DESIGNATIONS
UNITED WAY FOUNDATION OF METROPOLITAN DALLAS - 1800 N LAMAR STREET - DALLAS, TX 75202	75-2834344	501(C)(3)	618,222.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL & NORTHEASTERN CONNECTICUT - ONE STATE STREET, SUITE 1710 - HARTFORD, CT 06103	06-0646653	501(C)(3)	9,853.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL CAROLINAS, INC. - 601 EAST FIFTH STREET, SUITE 350 - CHARLOTTE, NC 28289	56-0529948	501(C)(3)	10,188.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL TEXAS, INC. 4 NORTH 3RD STREET TEMPLE, TX 76501	74-2575728	501(C)(3)	137,479.	0.			DONOR DESIGNATIONS
UNITED WAY OF CHRISTIAN COUNTY 108 W MARKET, SUITE B TAYLORVILLE, IL 62568	37-0816279	501(C)(3)	13,629.	0.			DONOR DESIGNATIONS
UNITED WAY OF DEFIANCE COUNTY, INC. - 608 CLINTON ST - DEFIANCE, OH 43512	34-1657011	501(C)(3)	6,949.	0.			DONOR DESIGNATIONS
UNITED WAY OF DENTON COUNTY 1314 TEASLEY LANE DENTON, TX 76205	75-1251128	501(C)(3)	24,312.	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 EL PASO COUNTY 100 N STANTON 500 EL PASO, TX 79901	74-1291051	501(C)(3)	6,447.	0.			DONOR DESIGNATIONS
UNITED WAY OF GENESEE COUNTY (MI) 111 E COURT ST, STE 3A FLINT, MI 48502	38-1359516	501(C)(3)	5,437.	0.			DONOR DESIGNATIONS
UNITED WAY OF GRAYSON COUNTY, INC. 713 EAST BROCKETT SHERMAN, TX 75090	23-7087293	501(C)(3)	5,489.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	13,957.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	86,592.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER LOS ANGELES INC. - 1150 SOUTH OLIVE STREET, STE T-500 - LOS ANGELES, CA 90015	95-2274801	501(C)(3)	40,574.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER ST. LOUIS 910 NORTH 11TH STREET SAINT LOUIS, MO 63101	43-0714167	501(C)(3)	24,065.	0.			DONOR DESIGNATIONS
UNITED WAY OF HOOD COUNTY 1807 E HIGHWAY 377 GRANBURY, TX 76048	75-2794263	501(C)(3)	20,268.	0.			DONOR DESIGNATIONS
UNITED WAY OF HUNT COUNTY, INC. (TX) - 2607 LEE STREET - GREENVILLE, TX 75401	75-0971619	501(C)(3)	5,087.	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 PO BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)(3)	8,919.	0.			DONOR DESIGNATIONS
UNITED WAY OF LAMAR COUNTY PO BOX 1 PARIS, TX 75461	75-0886453	501(C)(3)	5,908.	0.			DONOR DESIGNATIONS
UNITED WAY OF MILFORD 20 EVERGREEN AVENUE MILFORD, CT 06460	06-0724409	501(C)(3)	8,436.	0.			DONOR DESIGNATIONS
UNITED WAY OF PARKER COUNTY 401 FORT WORTH HWY WEATHERFORD, TX 76086	75-2867921	501(C)(3)	8,658.	0.			DONOR DESIGNATIONS
UNITED WAY OF SAN ANTONIO & BEXAR CO. - PO BOX 898 - SAN ANTONIO, TX 78293	74-1272381	501(C)(3)	9,942.	0.			DONOR DESIGNATIONS
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2213995	501(C)(3)	13,126.	0.			DONOR DESIGNATIONS
UNITED WAY OF SMITH COUNTY 911 S BROADWAY AVE TYLER, TX 75701	75-0957331	501(C)(3)	9,305.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTH TEXAS 113 W PECAN MCALLEN, TX 78501	74-2052527	501(C)(3)	6,568.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHEASTERN MICHIGAN - 3011 W GRAND BOULEVARD, SUITE 500 - DETROIT, MI 48226	20-3099071	501(C)(3)	468,707.	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)	188,818.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE BAY AREA 550 KEARNY STREET, STE 510 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	41,000.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE BRAZOS VALLEY, INC. - 1716 BRIARCREST DRIVE, SUITE 155 - BRYAN, TX 77802	74-2050241	501(C)(3)	41,851.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE GREATER FORT HOOD AREA - 208 W AVENUE A - KILLEEN, TX 76541	74-1750544	501(C)(3)	13,864.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD, SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	6,148.	0.			DONOR DESIGNATIONS
UNITED WAY OF WACO-MCLENNAN COUNTY 1227 N VALLEY MILLS DRIVE, SUITE 21 WACO, TX 76710	74-1189027	501(C)(3)	46,456.	0.			DONOR DESIGNATIONS
UNITED WAY OF WEST ELLIS COUNTY 2220 BRYAN PLACE, STE 4 MIDLOTHIAN, TX 76065	75-6002917	501(C)(3)	71,894.	0.			DONOR DESIGNATIONS
UNITED WAY OF WILL COUNTY 54 NORTH OTTAWA STREET, STE 300 JOLIET, IL 60432	36-2515625	501(C)(3)	12,072.	0.			DONOR DESIGNATIONS
UNITED WAY OF WILLIAMSON COUNTY PO BOX 708 ROUND ROCK, TX 78680	23-7396732	501(C)(3)	20,994.	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
UNIVERSITY OF NORTH TEXAS AT DALLAS - 7300 UNIVERSITY HILLS BLVD - DALLAS, TX 75241	27-1208151		70,000.	0.			PROGRAM OPS COST
UNIVERSITY OF TX AT DALLAS, CALLIER CTR - 1966 INWOOD ROAD - DALLAS, TX 75235	75-6035865	501(C)(3)	70,000.	0.			PROGRAM OPS COST
UNIVERSITY OF TX AT DALLAS, CALLIER CTR - 1966 INWOOD ROAD - DALLAS, TX 75235	75-6035865	501(C)(3)	5,940.	0.			DONOR DESIGNATIONS
UPLIFT EDUCATION 606 E ROYAL LANE, SUITE 1100 IRVING, TX 75039	75-2659683	501(C)(3)	172,750.	0.			PROGRAM OPS COST
URBAN ARTS COLLECTIVE 919 MORRELL AVE DALLAS, TX 75203	88-3329587	501(C)(3)	25,000.	0.			PROGRAM OPS COST
URBAN TEACHERS 8 MARKET STREET, SUITE 68 BALTIMORE, MD 21202	27-0989006	501(C)(3)	70,000.	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)	6,494.	0.			DONOR DESIGNATIONS
VICKERY MEADOW YOUTH DEVELOPMENT FOUNDATION - 7110 HOLLY HILL DR - DALLAS, TX 75231	26-1199982	501(C)(3)	25,000.	0.			PROGRAM OPS COST
VIOLAS HOUSE 1819 MARTIN LUTHER KING JR BLVD DALLAS, TX 75215	46-3200741	501(C)(3)	12,000.	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
VISTRA OPERATIONS COMPANY LLC PO BOX 650257 DALLAS, TX 75265	36-4833255	501(C)(3)	34,727.	0.			DONOR DESIGNATIONS
VOGEL ALCOVE 1738 GANO STREET DALLAS, TX 75215	75-2133827	501(C)(3)	61,800.	0.			PROGRAM OPS COST
VOLUNTEERS OF AMERICA - TEXAS 300 E MIDWAY DRIVE EULESS, TX 76039	75-0827469	501(C)(3)	54,625.	0.			PROGRAM OPS COST
WELLNESS CENTER FOR OLDER ADULTS 401 W 16TH STREET, SUITE 600 PLANO, TX 75075	75-1839305	501(C)(3)	47,500.	0.			PROGRAM OPS COST
WESLEY-RANKIN COMMUNITY CENTER, INC. - 3100 CROSSMAN AVENUE - DALLAS, TX 75212	75-0808775	501(C)(3)	80,000.	0.			PROGRAM OPS COST
WEW, INC. 4549 S WESTMORELAND ROAD DALLAS, TX 75237	10-2314734	501(C)(3)	12,800.	0.			PROGRAM OPS COST
WHITE ROCK CENTER OF HOPE, INC. 10021 GARLAND ROAD DALLAS, TX 75218	75-2248813	501(C)(3)	25,000.	0.			PROGRAM OPS COST
WILKINSON CENTER 8344 E RL THORNTON FREEWAY, STE 235 DALLAS, TX 75228	75-2712117	501(C)(3)	121,000.	0.			PROGRAM OPS COST
WOVEN HEALTH CLINIC 1 MEDICAL PARKWAY, STE 149 FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	25,000.	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
YEAR UP DALLAS/FORT WORTH 45 MILK STREET BOSTON, MA 02109	04-3534407	501(C)(3)	68,000.	0.			PROGRAM OPS COST
YMCA OF METROPOLITAN DALLAS 146 TOWN CENTER BLVD COPPELL, TX 75019	75-0800696	501(C)(3)	7,327.	0.			DONOR DESIGNATIONS
YMCA OF METROPOLITAN DALLAS 146 TOWN CENTER BLVD COPPELL, TX 75019	75-0800696	501(C)(3)	110,000.	0.			PROGRAM OPS COST
YOUNG LEADERS, STRONG CITY 2803 TAYLOR STREET DALLAS, TX 75226	84-3239436	501(C)(3)	94,100.	0.			PROGRAM OPS COST
YOUNG WOMEN'S PREPARATORY NETWORK 1722 ROUTH STREET, SUITE 720 DALLAS, TX 75201	47-0902114	501(C)(3)	80,000.	0.			PROGRAM OPS COST
YOUTH GUIDANCE 1 N LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	90,500.	0.			PROGRAM OPS COST
YOUTH WITH FACES 6333 E MOCKINGBIRD, SUITE 147-872 DALLAS, TX 75214	30-0018778	501(C)(3)	78,500.	0.			PROGRAM OPS COST
ZAN WESLEY HOLMES JR. COMMUNITY OUTREACH CENTER - PO BOX 571513 - DALLAS, TX 75357	27-0054084	501(C)(3)	25,000.	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

**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 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**

**Part IV Supplemental Information**

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 \$916,506.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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

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 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 .....

**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? .....

**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.

**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.

**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.

**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 .....

**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 .....

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

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

**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)	458,591.	220,875.	2,064.	149,969.	25,125.	856,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN E PEEK CHIEF IMPACT/STRATEGY OFFICER	(i)	343,751.	115,561.	6,096.	22,583.	19,253.	507,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHY LIMMER CHIEF GROWTH OFFICER	(i)	255,908.	49,400.	0.	9,416.	18,795.	333,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REBECCA BILLINGS CFO/CORP. SECRETARY (AS OF 06/2025)	(i)	250,648.	0.	0.	0.	10,530.	261,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KETURI DELONG (THRU 04/2025) SVP, CORP/FOUND. ENGMT	(i)	242,462.	0.	0.	1,488.	16,240.	260,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEEPTI JAIN EXEC DIRECTOR CRM & DATABASE MGMT	(i)	219,018.	0.	0.	2,644.	15,385.	237,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN D HUTCHESON VP, LEADERSHIP GIVING	(i)	152,071.	12,084.	270.	11,297.	23,296.	199,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KELEM BUTTS VP, CSR STRATEGY (THRU 04/2025)	(i)	176,482.	0.	0.	10,952.	9,728.	197,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDRES TASCON HEAD OF CREATIVE STUDIO	(i)	142,028.	6,361.	414.	7,648.	25,384.	181,835.	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.

**PART I, LINE 3:**

**PROCESS FOR DETERMINING COMPENSATION:**

THE COMPENSATION COMMITTEE IS A STANDING COMMITTEE OF UWMD AND INCLUDES THE BOARD CHAIR, THE FINANCE COMMITTEE CHAIR AND A MINIMUM OF FIVE BOARD MEMBERS. THE COMMITTEE HAS THE RESPONSIBILITY OF DETERMINING AND APPROVING ALL COMPENSATION, BENEFITS AND TERMS OF EMPLOYMENT FOR THE CHIEF EXECUTIVE OFFICER. 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 DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN CONTEMPORANEOUS SUBSTANTIATION.

**PART I, LINE 4B:**

PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN JENNIFER SAMPSON PARTICIPATED IN THE ORGANIZATION'S 457F PLAN. FOR CALENDAR YEAR 2024, MS. SAMPSON RECEIVED THE FOLLOWING:

EMPLOYER 457F DEFERRAL - \$89,069  
THIS AMOUNT IS REPORTED ON SCHEDULE J, PART II, COL C.

**PART I, LINE 7:**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I 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	20	309,980.	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 ( )				
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**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).

Horizontal lines for supplemental information input.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF 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:  
TO EDUCATION, INCOME AND HEALTH, THE BUILDING BLOCKS OF OPPORTUNITY  
ACROSS NORTH TEXAS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
IN FISCAL YEAR 2024-25, 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**

698,000 STUDENTS LAID THE GROUNDWORK FOR CONTINUED EDUCATIONAL SUCCESS.

**INCOME**

571,000 NORTH TEXANS RECEIVED ASSISTANCE TO GET AND KEEP BETTER JOBS  
AND BUILD SAVINGS FOR THE FUTURE.

**HEALTH**

473,000 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 3,650 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 2024-25, THE INITIATIVE PROVIDED 86,625 HOURS OF CHILDCARE  
SERVICE TO 183 SOUTHERN DALLAS FAMILIES.

WE ALSO DEPLOY CREATIVE SOLUTIONS TO SUPPORT FAMILIES DEALING WITH FOOD  
INSECURITY. IN FISCAL YEAR 2024-25, WE PROVIDED 25,409 SOUTHERN DALLAS  
HOUSEHOLDS WITH FOOD RESOURCES AND BASIC NECESSITIES AND SERVED 135,573  
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  
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 4,748 INDIVIDUALS IN FISCAL  
YEAR 2024-25 AND DISTRIBUTED 1,461 FREE LAPTOPS.

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

3. OUR EARLY CHILDHOOD DEVELOPMENT AND PARENT EDUCATION INITIATIVES INCLUDE PROGRAMS LIKE HEALTHY OUTCOMES THROUGH PREVENTION & EARLY SUPPORT (HOPES) AND THE TEXAS HOME VISITING PROGRAM. THESE INITIATIVES PROVIDE FAMILIES WITH HANDS-ON INSTRUCTION, COMMUNITY RESOURCES AND SKILLS THAT EMPOWER PARENTS, ENCOURAGE HEALTHY CHILD DEVELOPMENT AND PREVENT CHILD ABUSE. IN FISCAL YEAR 2024-25, 3,113 FAMILIES PARTICIPATED IN A PARENT EDUCATION PROGRAM, AND 98% OF PARTICIPANTS REPORTED THAT THEY DID NOT END UP WITH AN OPEN CPS CASE.

4. 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 2024-25, WE DISTRIBUTED 143,724 FREE BOOKS TO 11,977 NORTH TEXAS CHILDREN.

**INCOME:**

5. COMMUNITY FINANCIAL STABILITY SUPPORTS FAMILIES SEEKING TO INCREASE SAVINGS, IMPROVE CREDIT SCORES, REDUCE DEBT AND AVOID PREDATORY LENDING PRODUCTS. IN FISCAL YEAR 2024-25, OUR FREE TAX PREPARATION PROGRAM ENABLED 19,151 TAXPAYERS TO FILE RETURNS FOR FREE, RESULTING IN \$15.2 MILLION IN REFUNDS PROVIDED TO NORTH TEXAS CLIENTS. DURING OUR PREVIOUS FISCAL YEAR, UWMD INCREASED ACCESS TO CREDIT-BUILDING LOANS, ADDING 225 SMALL-DOLLAR IMPACT LOANS AND DISBURSING MORE THAN \$225,000 IN CAPITAL.

6. 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 INFORMATION TECHNOLOGY, HEALTHCARE AND MORE. IN FISCAL YEAR 2024-25, THE PROGRAM SERVED 25,390 INDIVIDUALS, RESULTING IN 2,007 CERTIFICATES OR DEGREES EARNED BY PARTICIPANTS AND 4,797 JOB PLACEMENTS SECURED FOR GRADUATES.

7. DOLLARS FOR COLLEGE ENABLES UWMD SUPPORT TO SEED COLLEGE SAVINGS ACCOUNTS FOR LOW-INCOME STUDENTS AND INCENTIVIZES ONGOING DEPOSITS, PROVIDING AN EASY, AFFORDABLE AND SAFE WAY FOR CAREGIVERS TO BUILD SAVINGS TO COVER FUTURE COLLEGE EXPENSES. IN FISCAL YEAR 2024-25, THE PROGRAM OPENED 45 NEW SAVINGS ACCOUNTS AND RESULTED IN MORE THAN \$99,000 IN NEW DEPOSITS.

**HEALTH:**

8. 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 2024-25, HEALTHCARE NAVIGATORS FIELDDED 21,000 CLIENT INQUIRIES, 7,680 INDIVIDUALS RECEIVED ASSISTANCE AS THEY SIGNED UP FOR CHIP/MEDICAID AND 2,316 NORTH TEXANS RECEIVED SUPPORT TO ENROLL IN A QUALIFIED HEALTH PLAN

9. OUR SUMMER MEALS INITIATIVE WORKS TO IMPROVE AND AMPLIFY SUMMER MEALS PROGRAMMING TO PROVIDE REGULAR, NUTRITIOUS MEALS TO CHILDREN WHO QUALIFY FOR FEDERALLY FUNDED NUTRITION PROGRAMS. IN SUMMER 2024, 1,366 CHILDREN RECEIVED REGULAR, NUTRITIOUS MEALS AND 1.5 MILLION MEALS WERE SERVED IN DALLAS AND COLLIN COUNTIES.

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

10. DOORWAYS TO HEALTH IS A COMMUNITY PARTNERSHIP THAT SEEKS TO IMPROVE THE MATERNAL HEALTH OUTCOMES OF WOMEN AND INFANTS IN DALLAS BY CONNECTING THEM WITH KEY RESOURCES AND PROGRAMMING, INCLUDING HOME VISITING AND HOLISTIC MATERNAL HEALTHCARE SERVICES. IN FISCAL YEAR 2024-25, THE INITIATIVE SERVED 127 PREGNANT WOMEN THROUGH UWMD'S TWO PARTNERS DELIGHTED TO DOULA AND ABIDE WOMEN'S HEALTH SERVICES.

OVERALL:

11. UWMD PARTNERS WITH A VARIETY OF LOCAL ORGANIZATIONS THAT ARE ALIGNED WITH ITS COMMUNITY-WIDE ASPIRE UNITED 2030 GOALS IN EDUCATION, INCOME AND HEALTH. UWMD'S COMMUNITY IMPACT PARTNERS ARE DRIVING MEASURABLE CHANGE WITHIN THE SEGMENTS OF NORTH TEXAS THAT BENEFIT MOST FROM GREATER INVESTMENT AND OPPORTUNITY. IN FISCAL YEAR 2024-25, UWMD COMMITTED \$46.5 MILLION OVER THREE YEARS TO 167 COMMUNITY ORGANIZATIONS TO ACCELERATE THEIR IMPACT.

12. THE DATA CAPACITY BUILDING INITIATIVE (DCBI) EQUIPS UWMD'S NONPROFIT AND COMMUNITY PARTNERS WITH THE TOOLS, TRAINING AND SUPPORT THEY NEED TO COLLECT, ANALYZE AND APPLY DATA EFFECTIVELY. THE ASPIRE UNITED COMMUNITY VULNERABILITY COMPASS (CVC) PROVIDES HYPER-LOCAL, MICRO-LEVEL DATA ON EDUCATION, INCOME AND HEALTH THAT ENABLES UWMD TO PINPOINT AREAS OF GREATEST NEED. UTILIZING THE CVC, THE DCBI STRENGTHENS LOCAL ORGANIZATIONS' DATA CAPABILITIES, HELPING THEM DEMONSTRATE IMPACT, SECURE FUNDING AND DRIVE GREATER OUTCOMES ACROSS NORTH TEXAS. IN FISCAL YEAR 2024-25, 73 PARTICIPANTS COMPLETED THE DCBI, AND UWMD INVESTED \$260,000 AND 28 HOURS OF TRAINING IN TWO PROGRAM COHORTS.

13. 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 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 DESIGNED FOR EARLY-STAGE ENTREPRENEURS. 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 2024-25, 15 ENTREPRENEURS COMPLETED THE PROGRAM, AND WE PROVIDED 226 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 2024-25, PROGRAM ALUMNI (OVER 70 ORGANIZATIONS) SERVED 71,373 CLIENTS. 10 FELLOWS PARTICIPATED IN THE PROGRAM AND RECEIVED 1,500 HOURS OF MENTORING AND COACHING AND \$545,000 IN SEED FUNDING.

THE ALUMNI PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT, NETWORKING AND CROSS-COLLABORATION OPPORTUNITIES TO INCUBATOR AND ACCELERATOR ALUMNI

Name of the organization	Employer identification number
UNITED WAY OF METROPOLITAN DALLAS, INC	75-6005352
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 A, LINE 4:

## SIGNIFICANT CHANGES TO ORGANIZATION BYLAWS

THE ORGANIZATION'S BOARD OF DIRECTORS APPROVED AMENDMENTS TO THE BYLAWS DURING THE YEAR THAT CONSTITUTE SIGNIFICANT CHANGES TO THE ORGANIZATION'S GOVERNANCE STRUCTURE AND OVERSIGHT RESPONSIBILITIES. THESE AMENDMENTS INCLUDED REVISIONS TO THE SIZE AND COMPOSITION OF THE BOARD OF DIRECTORS; CLARIFICATION OF BOARD MEMBER QUALIFICATIONS AND THE DESIGNATION OF EX OFFICIO, NON VOTING OFFICERS WHO DO NOT COUNT TOWARD QUORUM; AND UPDATES TO QUORUM, VOTING, AND ACTION BY CONSENT PROVISIONS, INCLUDING PARTICIPATION THROUGH REMOTE ELECTRONIC COMMUNICATIONS.

THE BYLAWS WERE FURTHER AMENDED TO REVISE OFFICER ROLES, DUTIES, AND TERMS, INCLUDING CLARIFICATION OF THE CHAIR ELECT/VICE CHAIR POSITION, CONSOLIDATION OF THE TREASURER ROLE WITH THE FINANCE COMMITTEE CHAIR POSITION, AND CHANGES TO OFFICER TERM LENGTHS AND LIMITS.

IN ADDITION, THE AMENDMENTS STRENGTHENED BOARD OVERSIGHT OF COMPENSATION AND FINANCIAL GOVERNANCE BY CLARIFYING THE RESPONSIBILITIES OF THE FINANCE COMMITTEE AND COMPENSATION COMMITTEE, AND REVISED THE COMPOSITION, QUALIFICATIONS, AND AUTHORITY OF THE AUDIT & ETHICS COMMITTEE, INCLUDING EXPANDED OVERSIGHT OF FINANCIAL REPORTING, INTERNAL CONTROLS, COMPLIANCE, ETHICS, AND RELATED POLICIES.

THE BYLAWS' AMENDMENT PROVISIONS WERE REAFFIRMED, AND THE BOARD CONSIDERED POTENTIAL UPDATES TO THE STATEMENT OF ORGANIZATIONAL PURPOSES, ALL INTENDED TO REMAIN CONSISTENT WITH THE ORGANIZATION'S TAX EXEMPT PURPOSES UNDER SECTION 501(C)(3).

## 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

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 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

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

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 A STANDING COMMITTEE OF UWMD AND INCLUDES THE BOARD CHAIR, THE FINANCE COMMITTEE CHAIR AND A MINIMUM OF FIVE BOARD MEMBERS. THE COMMITTEE HAS THE RESPONSIBILITY OF DETERMINING AND APPROVING ALL COMPENSATION, BENEFITS AND TERMS OF EMPLOYMENT FOR THE CHIEF EXECUTIVE OFFICER. UWMD'S VICE PRESIDENT OF HUMAN RESOURCES PROVIDES FACTUAL, 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, SEVERANCE PACKAGES, EMPLOYMENT AGREEMENTS, AND/OR OTHER SPECIAL SUPPLEMENTAL BENEFITS.

FORM 990, PART VI, SECTION C, LINE 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 FORMS 990 ARE AVAILABLE BY ACCESSING UWMD'S WEBSITE AT WWW.UNITEDWAYDALLAS.ORG. AFTER REACHING THE WEBSITE, SCROLL TO THE BOTTOM OF THE MAIN PAGE AND SELECT "FINANCIALS" TO OBTAIN THE NECESSARY INFORMATION.

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

NET OF DESIGNATIONS TO AGENCIES	-1,601,855.
CHANGE OF INTEREST HELD IN TRUSTS	672,105.
TOTAL TO FORM 990, PART XI, LINE 9	-929,750.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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

**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	<input checked="" type="checkbox"/>	



**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY FOUNDATION OF METROPOLITAN DALLAS	C	2,673,000.	FMV
(2) UNITED WAY FOUNDATION OF METROPOLITAN DALLAS	O	938,582.	FMV
(3) UNITED WAY FOUNDATION OF METROPOLITAN DALLAS	L	121,392.	FMV
(4) UNITED WAY FOUNDATION OF METROPOLITAN DALLAS	N	25,780.	FMV
(5)			
(6)			



