

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your Forvis Mazars advisor if you have questions about these rules.

Return of Organization Exempt From Income Tax

2024

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

Header section containing organization name (UNITED WAY OF CENTRAL OKLAHOMA INC), EIN (73-0589829), address (1444 NW 28TH STREET, OKLAHOMA CITY, OK 73106), and principal officer (RACHEL C. HOLT).

Part I Summary

Summary table with rows for Activities & Governance (mission, 2024 metrics), Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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 containing officer signature (CHRISTOPHER P BELL), preparer signature (ANDREW GRAY), and firm information (FORVIS MAZARS, LLP).

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
UNITED WAY OF CENTRAL OKLAHOMA IS COMMITTED TO CONNECTING PEOPLE AND RESOURCES TO IMPROVE THE WELL BEING OF THOSE IN OUR COMMUNITY.

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

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

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

4a (Code: _____) (Expenses \$ 16,404,566 including grants of \$ 14,209,713) (Revenue \$ 324,317)
(SEE ON SCHEDULE O)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses 16,404,566

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OK
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
CHRISTOPHER BELL, 1444 NW 28TH STREET, OKLAHOMA CITY, OK 73106, (405) 523-3518

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL C. HOLT PRESIDENT & CEO	45.0 0.0			✓				203,716	0	13,995
(2) NINA DAYLOR COO	45.0 0.0					✓		134,214	0	35,095
(3) CHRISTOPHER P. BELL CFO	45.0 0.0			✓				111,348	0	32,853
(4) ASHLEIGH SORREL ROSE CDO	45.0 0.0					✓		102,713	0	41,017
(5) BRADLEY KRIEGER ASSISTANT TREASURER	1.0 0.0	✓		✓				0	0	0
(6) JUDY LOVE SECRETARY	1.0 0.0	✓		✓				0	0	0
(7) LANE R. NEAL ASSISTANT SECRETARY	1.0 0.0	✓		✓				0	0	0
(8) MARK FUNKE CHAIR ELECT	1.0 0.0	✓		✓				0	0	0
(9) RICK MCCUNE TREASURER	1.0 0.0	✓		✓				0	0	0
(10) SHANE WHARTON BOARD CHAIR	2.0 0.0	✓		✓				0	0	0
(11) AARON J. JACK DIRECTOR	1.0 0.0	✓						0	0	0
(12) BRENT HENSLEY DIRECTOR	1.0 0.0	✓						0	0	0
(13) BRUCE LAWRENCE DIRECTOR	1.0 0.0	✓						0	0	0
(14) CAROLINE IKARD DIRECTOR	1.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHAD WILKERSON ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHERI SHEPARD ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHRISTY GILLENWATER ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CLAY FARHA ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) CRAIG ABBOTT ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) CRAIG FREEMAN ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) CYNDA C. OTTAWAY ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) DAN BOREN ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) DANA HORNBECK ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) DAVE LOPEZ ----- DIRECTOR/INVESTMENT CHAIR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								551,991	0	122,960
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								551,991	0	122,960

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 4

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

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
NONE		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 61,590					
	b	Membership dues	1b					
	c	Fundraising events	1c 34,041					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 18,267,036					
	g	Noncash contributions included in lines 1a-1f	1g \$ 361,531					
	h	Total. Add lines 1a-1f						18,362,667
	Program Service Revenue	2a	FEDERATED CAMPAIGN ADMIN FEE					Business Code 900099
b		-----						
c		-----						
d		-----						
e		-----						
f		All other program service revenue . .		0	0	0	0	
g		Total. Add lines 2a-2f		298,053				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		738,455			738,455	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 34,041 of contributions reported on line 1c). See Part IV, line 18						
			8a	11,250				
8b			9,220					
c	Net income or (loss) from fundraising events			2,030		2,030		
9a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	Business Code 900099	26,264	26,264			
	b	-----						
	c	-----						
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d		26,264				
12	Total revenue. See instructions			19,427,469	324,317	0	740,485	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,209,713	14,209,713		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	361,911	141,175	110,358	110,378
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,858,505	724,970	566,718	566,817
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,478	22,421	17,527	17,530
9	Other employee benefits	330,412	128,888	100,753	100,771
10	Payroll taxes	169,748	66,216	51,761	51,771
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	47,195		47,195	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	68,947	28,117	14,117	26,713
12	Advertising and promotion	102,398	33,523	3,536	65,339
13	Office expenses	71,464	24,170	20,748	26,546
14	Information technology	167,191	61,984	56,745	48,462
15	Royalties				
16	Occupancy	73,790	27,301	25,144	21,345
17	Travel	16,163	5,599	3,716	6,848
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,581	2,754	1,243	3,584
20	Interest				
21	Payments to affiliates	215,183	108,416	50,504	56,263
22	Depreciation, depletion, and amortization	252,178	98,370	76,897	76,911
23	Insurance	78,597	30,659	23,967	23,971
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>BAD DEBT EXPENSE</u>	384,608	384,608		
b	<u>MISCELLANEOUS</u>	248,888	140,164	41,538	67,186
c	<u>TELEPHONIC INTERPRETATION</u>	147,435	147,435		
d	<u>CITY & STATE CAMPAIGN EXPENSE</u>	88,944		44,468	44,476
e	All other expenses	62,975	18,083	37,610	7,282
25	Total functional expenses. Add lines 1 through 24e	19,021,304	16,404,566	1,294,545	1,322,193
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	16,490,031	1	15,338,435
	2 Savings and temporary cash investments	1,196,212	2	1,526,340
	3 Pledges and grants receivable, net	7,662,571	3	8,866,500
	4 Accounts receivable, net	0	4	70,034
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	213,582	9	115,205
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,186,508		
	b Less: accumulated depreciation	10b 3,736,303	2,631,327	10c 2,450,205
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,148,368	15	3,662,057
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,342,091	16	32,028,776	
Liabilities	17 Accounts payable and accrued expenses	960,356	17	743,157
	18 Grants payable	5,257,768	18	5,613,820
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	6,218,124	26	6,356,977
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,662,711	27	24,812,091
	28 Net assets with donor restrictions	1,461,256	28	859,708
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,123,967	32	25,671,799
33 Total liabilities and net assets/fund balances	31,342,091	33	32,028,776	

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	19,427,469
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,021,304
3	Revenue less expenses. Subtract line 2 from line 1	3	406,165
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,123,967
5	Net unrealized gains (losses) on investments	5	
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	141,667
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,671,799

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) DAVE ORTLOFF ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) DAVID CARPENTER ----- DIRECTOR/R&C INITIATIVES CHAIR	1.0 ----- 0.0	✓						0	0	0
(27) DAVID HARLOW ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) DAVID LLOYD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) DAVID SCHROEDER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) DAVID THOMPSON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) DAVID WILLIAMS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) DOUG STUSSI ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) DR. KRISHNA R. MURALI ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(34) ED MARTIN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) GARY RASKOB ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) GREG WHEELER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(37) HEATHER SCOTT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(38) HILLARY FARRELL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(39) JASON CLARK ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(40) JEAN LEGER, JR. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(41) JEFF NAPOLIELLO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(42) JENEE LISTER ----- DIRECTOR/CAMPAIGN CO-CHAIR	1.0 ----- 0.0	✓						0	0	0
(43) JENNY LOVE-MEYER ----- DIRECTOR/CAMPAIGN CO-CHAIR	1.0 ----- 0.0	✓						0	0	0
(44) JEROME A. HOLMES ----- DIRECTOR/E&D CHAIR	1.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JIM COUCH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(46) JIM ROTH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(47) JIMMY CURRY ----- DIRECTOR/LABOR CHAIR	1.0 ----- 0.0	✓						0	0	0
(48) JOHN MCNAMARA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(49) JUSTIN BRADY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(50) KATHY L. WILLIAMS ----- DIRECTOR/NOMINATING CHAIR	1.0 ----- 0.0	✓						0	0	0
(51) KATIE MCQUEEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(52) KEVIN O'CONNOR ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(53) KIRK HALL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(54) KIRK MAMMEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(55) KRISTIN PECK ----- DIRECTOR/C&E CHAIR	1.0 ----- 0.0	✓						0	0	0
(56) LARRY NICHOLS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(57) MARCUS TILLEY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(58) MARK BEHRMAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(59) MARK HELM ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(60) MARK LISLE ----- DIRECTOR/COMMUNITY INVESTMENT CHAIR	1.0 ----- 0.0	✓						0	0	0
(61) MARK WHITMAN ----- DIRECTOR/AUDIT CHAIR	1.0 ----- 0.0	✓						0	0	0
(62) MARK WOOD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(63) MARSHA INGERSOLL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(64) MEG SALYER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(65) NATALIE SHIRLEY ----- DIRECTOR/ADMINISTRATION CHAIR	1.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(66) NICK DELL'OSSO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(67) NICK SAMARRIPAS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(68) PERRY H. SNEED ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(69) RANDY K. ROPER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(70) RICK MUNCRIEF ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(71) ROBERTA B. FIELDS ----- DIRECTOR/HR CHAIR	1.0 ----- 0.0	✓						0	0	0
(72) ROBIN ROBERSON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(73) ROY H. WILLIAMS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(74) SAM SIMS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(75) SARAH ROBERTS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(76) SEAN CUMMINGS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(77) SEAN MCDANIEL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(78) SEAN TRAUSCHKE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(79) SHANDY BELFORD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(80) SHERRI LANCE ----- DIRECTOR/STRATEGIC GROWTH CHAIR	1.0 ----- 0.0	✓						0	0	0
(81) STEVE HART ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(82) TIM O'CONNOR ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(83) TIMOTHY PEHRSON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(84) TODD DOBSON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(85) TONY SHINN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(86) VICTOR FLORES ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(87) WES MILBOURN ----- DIRECTOR	1.0 ----- 0.0	✓					0	0	0
(88) WILLIAM SCHONACHER ----- DIRECTOR	1.0 ----- 0.0	✓					0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization UNITED WAY OF CENTRAL OKLAHOMA INC	Employer identification number 73-0589829
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,280,702	17,026,848	20,631,474	18,252,281	18,004,324	96,195,629
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	22,280,702	17,026,848	20,631,474	18,252,281	18,004,324	96,195,629
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,794,024
6 Public support. Subtract line 5 from line 4						89,401,605

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	22,280,702	17,026,848	20,631,474	18,252,281	18,004,324	96,195,629
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	198,701	277,790	84,997	724,975	738,455	2,024,918
9 Net income from unrelated business activities, whether or not the business is regularly carried on				2,584	2,030	4,614
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						98,225,161
12 Gross receipts from related activities, etc. (see instructions)					12	1,259,003
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	91.02 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	91.77 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

**Schedule B
(Form 990)**

(Rev. January 2025)
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 for the latest information.

OMB No. 1545-0047

Name of the organization UNITED WAY OF CENTRAL OKLAHOMA INC	Employer identification number 73-0589829
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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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization UNITED WAY OF CENTRAL OKLAHOMA INC	Employer identification number 73-0589829
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>E.L. AND THELMA GAYLORD FOUNDATION</p> <hr style="border-top: 1px dashed black;"/> <p>6305 WATERFORD BLVD</p> <hr style="border-top: 1px dashed black;"/> <p>OKLAHOMA CITY, OK 73118</p> <hr style="border-top: 1px dashed black;"/>	\$ 455,000	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II for noncash contributions.)</small></p>
2	<p>EXPAND ENERGY CORP</p> <hr style="border-top: 1px dashed black;"/> <p>6100 N WESTERN AVENUE</p> <hr style="border-top: 1px dashed black;"/> <p>OKLAHOMA CITY, OK 73118</p> <hr style="border-top: 1px dashed black;"/>	\$ 600,000	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II for noncash contributions.)</small></p>
3	<p>LOVE'S TRAVEL STOPS & COUNTRY STORES</p> <hr style="border-top: 1px dashed black;"/> <p>10601 N PENNSYLVANIA</p> <hr style="border-top: 1px dashed black;"/> <p>OKLAHOMA CITY, OK 73120</p> <hr style="border-top: 1px dashed black;"/>	\$ 1,130,127	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II for noncash contributions.)</small></p>
4	<p>DEVON ENERGY CORPORATION</p> <hr style="border-top: 1px dashed black;"/> <p>333 W SHERIDAN</p> <hr style="border-top: 1px dashed black;"/> <p>OKLAHOMA CITY, OK 73102</p> <hr style="border-top: 1px dashed black;"/>	\$ 478,461	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II for noncash contributions.)</small></p>
-----	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II for noncash contributions.)</small></p>
-----	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II for noncash contributions.)</small></p>

Name of organization UNITED WAY OF CENTRAL OKLAHOMA INC	Employer identification number 73-0589829
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF CENTRAL OKLAHOMA INC	Employer identification number 73-0589829
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: UNITED WAY OF CENTRAL OKLAHOMA INC; Employer identification number: 73-0589829

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,322,820	2,869,853	2,342,061	1,706,139	1,480,231
b Contributions	78,238	99,829	818,340	406,554	1,105
c Net investment earnings, gains, and losses	319,334	353,138	(290,548)	229,368	237,833
d Grants or scholarships					
e Other expenditures for facilities and programs					4,700
f Administrative expenses					8,330
g End of year balance	3,720,392	3,322,820	2,869,853	2,342,061	1,706,139

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

- a** Board designated or quasi-endowment 74.82 %
- b** Permanent endowment 25.18 %
- c** Term endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		85,000		85,000
b Buildings		4,469,438	2,304,948	2,164,490
c Leasehold improvements				
d Equipment		1,080,416	905,368	175,048
e Other		551,654	525,987	25,667
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,450,205

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS	3,662,057
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,662,057

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - ENDOWMENT FUNDS	THE LONG TERM GOAL FOR OUR ENDOWMENT FUNDS IS TO GENERATE INCOME TO FUND OUR OPERATING COSTS, THUS ALLOWING ALL DONATIONS TO FUND OUR PROGRAMS.
SCHEDULE D, PART X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS	<p>THE INTERNAL REVENUE SERVICE HAS DETERMINED UNITED WAY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3). TAXES MAY BE ASSESSED AT THE NORMAL CORPORATE RATES ON INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES NOT SUBSTANTIALLY RELATED TO UNITED WAY'S EXEMPT FUNCTION. THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME IN 2024.</p> <p>MANAGEMENT HAS REVIEWED UNITED WAY'S TAX POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS IN ORDER FOR THE COMBINED FINANCIAL STATEMENTS TO BE IN COMPLIANCE WITH AUTHORITATIVE GUIDANCE. ANY PENALTIES OR INTEREST EXPENSE, IF INCURRED, WOULD BE CHARGED TO MISCELLANEOUS EXPENSE IN THE ACCOMPANYING COMBINED STATEMENT OF FUNCTIONAL EXPENSES.</p>

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

		(a) Event #1 <u>THE HOLE SHEBANG</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	45,291			45,291
	2 Less: Contributions	34,041			34,041
	3 Gross income (line 1 minus line 2)	11,250	0	0	11,250
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	22			22
	6 Rent/facility costs	5,299			5,299
	7 Food and beverages	160			160
	8 Entertainment				0
	9 Other direct expenses	3,739			3,739
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,220
11 Net income summary. Subtract line 10 from line 3, column (d)				2,030	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number

73-0589829

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANNUAL CAMPAIGN SEE ATTACHMENT, OKLAHOMA CITY, OK 00000	00-0000000	501(C)(3)	11,176,439				PARTNER AGENCY ALLOCATION
(2) CITY CAMPAIGN SEE ATTACHMENT, OKLAHOMA CITY, OK 00000	00-0000000	501(C)(3)	470,682				(SEE STATEMENT)
(3) STATE CAMPAIGN SEE ATTACHMENT, OKLAHOMA CITY, OK 00000	00-0000000	501(C)(3)	241,382				(SEE STATEMENT)
(4) COMBINED FEDERAL CAMPAIGN SEE ATTACHMENT, OKLAHOMA CITY, OK 00000	00-0000000	501(C)(3)	38,076				(SEE STATEMENT)
(5) DISASTER RELIEF SEE ATTACHMENT, OKLAHOMA CITY, OK 00000	00-0000000	501(C)(3)	67,133				DISASTER ASSISTANCE
(6) DONOR DIRECTED DESIGNATIONS SEE ATTACHMENT, OKLAHOMA CITY, OK 00000	00-0000000	501(C)(3)	903,000				DONOR DIRECTED DESIGNATION
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 79

3 Enter total number of other organizations listed in the line 1 table 0

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>UNITED WAY OF CENTRAL OKLAHOMA INCORPORATED IS A CHARITABLE ORGANIZATION THAT RAISES DONATIONS AND CONTRIBUTIONS, INCLUDING DONOR-DESIGNATED PLEDGES FROM INDIVIDUALS, BUSINESSES, AND OTHERS IN THE COMMUNITY THROUGH AN ANNUAL FUNDRAISING CAMPAIGN (ANNUAL CAMPAIGN). THESE FUNDS ARE ALLOCATED AMONG, AND TIMELY PAID TO OTHER CHARITABLE ORGANIZATIONS THAT DIRECTLY PROVIDE BENEFITS AND SERVICES TO INDIVIDUALS IN SEVEN CENTRAL OKLAHOMA COUNTIES. THIS IS ACCOMPLISHED THROUGH AN ALLOCATIONS PROCESS CONDUCTED BY COMMUNITY VOLUNTEERS, DONOR-DETERMINED DESIGNATIONS, AND APPROVED BY UNITED WAY'S GOVERNING BOARD OF VOLUNTEER COMMUNITY LEADERS. ORGANIZATIONS MUST MEET MEMBERSHIP REQUIREMENTS WHICH INCLUDE, AMONG OTHER REQUIREMENTS, THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. ORGANIZATIONS MUST CONDUCT A RECOGNIZED PROGRAM OF SOCIAL OR HUMAN SERVICES WITHIN CENTRAL OKLAHOMA. 2. ORGANIZATIONS MUST SHOW EVIDENCE THAT THEY ARE EFFECTIVELY MEETING A MAJOR NEED. 3. IF LOCAL, ORGANIZATIONS MUST BE INCORPORATED UNDER THE STATE LAWS OF OKLAHOMA AS A NONPROFIT CHARITABLE ORGANIZATION. 4. ORGANIZATIONS MUST BE DETERMINED BY THE IRS TO BE CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES. 5. ORGANIZATIONS MUST DEMONSTRATE A BUDGETARY NEED FOR THE ALLOCATION. 6. ORGANIZATIONS MUST DEMONSTRATE FINANCIAL ACCOUNTABILITY. <p>IN ADDITION TO CONDUCTING THE ANNUAL UNITED WAY CAMPAIGN, UNITED WAY SERVES, UNDER CONTRACTUAL ARRANGEMENT, AS THE PRINCIPAL COMBINED FUNDRAISING ORGANIZATION (PCFO) FOR THE STATE AND CITY EMPLOYEE CAMPAIGNS. THESE CAMPAIGN DONORS ARE REQUIRED TO DESIGNATE THEIR GIFTS TO ELIGIBLE CHARITABLE ORGANIZATIONS (INCLUDING UNITED WAY OF CENTRAL OKLAHOMA) THROUGHOUT THE COUNTRY. A LIST OF THE ELIGIBLE CHARITABLE ORGANIZATIONS IS PROVIDED TO THE DONORS BY THEIR EMPLOYER. MANY OF THESE ORGANIZATIONS ARE NOT PARTNER AGENCIES DIRECTLY SUPPORTED BY THE UNITED WAY OF CENTRAL OKLAHOMA. IN ACCORDANCE WITH ITS CONTRACTUAL OBLIGATION, UNITED WAY OF CENTRAL OKLAHOMA DISTRIBUTES THESE DONATIONS IN ACCORDANCE WITH THE DONOR'S DESIGNATION.</p>
<p>SCHEDULE I, PART II, LINE 1 - GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND GOVERNMENTS</p>	<p>THE ORGANIZATION REPORTS THE ACTUAL DISBURSEMENTS PAID DURING THE YEAR ON SCHEDULE I. FORM 990, PAGE 10, REFLECTS GRANTS ON THE ACCRUAL BASIS, AS SET FORTH IN THE AUDITED FINANCIAL STATEMENTS. THIS CAUSES A DIFFERENCE BETWEEN FORM 990, PAGE 10 AND SCHEDULE I, PART II.</p>
<p>SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>CITY CAMPAIGN: FEDERATED CAMPAIGN DESIGNATION</p>
<p>SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>STATE CAMPAIGN: FEDERATED CAMPAIGN DESIGNATION</p>
<p>SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>COMBINED FEDERAL CAMPAIGN: FEDERATED CAMPAIGN DESIGNATION</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number

73-0589829

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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 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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	<input checked="" type="checkbox"/>
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	<input checked="" type="checkbox"/>
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	<input checked="" type="checkbox"/>
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	<input checked="" type="checkbox"/>
<p>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:</p>		
<p>a The organization?</p>	6a	<input checked="" type="checkbox"/>
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	<input checked="" type="checkbox"/>
<p>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</p>	7	<input checked="" type="checkbox"/>
<p>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</p>	8	<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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	RACHEL C. HOLT PRESIDENT & CEO	(i) 203,716	0	0	1,614	12,381	217,711	0
	(ii)	0	0	0	0	0	0	0
2	NINA DAYLOR COO	(i) 130,664	3,550	0	6,500	28,595	169,309	0
	(ii)	0	0	0	0	0	0	0
3		(i)						
	(ii)							
4		(i)						
	(ii)							
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	BONUSES ARE DETERMINED AT THE DISCRETION OF THE EXECUTIVE COMMITTEE AT THE TIME OF THE ANNUAL EVALUATIONS. IT IS BASED ON PERFORMANCE.

**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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number

73-0589829

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	✓		13,880	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	7	287,275	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EVENT SUPPLIES</u>)	✓	22	35,016	MARKET VALUE
26 Other (<u>CAMPAIGN PRIZES</u>)	✓	2	15,330	MARKET VALUE
27 Other (<u>IT EQUIPMENT</u>)	✓	1	10,030	MARKET VALUE
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** 0

	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?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	THE NUMBER DISCLOSED IN THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of Central Oklahoma Inc

Employer identification number

73-0589829

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>THE UNITED WAY OF CENTRAL OKLAHOMA IS A CHARITABLE ORGANIZATION WITH A VISION TO BUILD A STRONGER, HEALTHIER, AND MORE COMPASSIONATE COMMUNITY. WE ACCOMPLISH THIS BY VETTING CONVENING AND FUNDING QUALIFIED HEALTH, YOUTH, AND HUMAN SERVICE NONPROFIT AGENCIES WHO SERVE THE LOCAL NEEDS OF COMMUNITIES WITHIN SEVEN CENTRAL OKLAHOMA COUNTIES AND BY OFFERING LOCAL VOLUNTEER OPPORTUNITIES TO SUPPORT THEIR SERVICES. SINCE 1923, UNITED WAY OF CENTRAL OKLAHOMA HAS PARTNERED WITH NONPROFIT AGENCIES TO PROVIDE EXPERTISE, SUPPORT, AND SOLUTIONS TO MEET THE NEEDS OF LOCAL CITIZENS. WE FUND PROGRAMS OF PARTNER AGENCIES WITH DONATIONS COLLECTED FROM THE PUBLIC IN AN ANNUAL CAMPAIGN HELD IN THE FALL. THE DONATED FUNDS ARE DISTRIBUTED THE FOLLOWING YEAR TO PARTNER AGENCIES THROUGH AN ALLOCATION PROCESS CALLED COMMUNITY INVESTMENT. TO SUPPORT OUR COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY, ALLOCATION DECISIONS ARE MADE BY MORE THAN 200 COMMUNITY VOLUNTEERS FROM OUR DONOR BASE WHO INVEST OVER 4,000 HOURS EACH YEAR IN THIS PROCESS, AS WELL AS DONOR-DETERMINED DESIGNATIONS, WHICH ARE APPROVED BY UNITED WAY'S BOARD OF DIRECTORS. UNITED WAY OF CENTRAL OKLAHOMA PLAYS AN INTEGRAL ROLE IN MANY COMMUNITY INITIATIVES AND PROGRAMS SUCH AS RECRUITING, TRAINING, AND MATCHING BOARD MEMBERS WITH NONPROFIT AGENCIES; OFFERING VOLUNTEER OPPORTUNITIES FOR CORPORATIONS TO SUPPORT SERVICE AGENCIES; AND PUBLISHING RESEARCH TO PROVIDE CIVIC LEADERS AND CITIZENS INFORMATION TO RAISE AWARENESS OF CURRENT COMMUNITY NEEDS AS A PART OF THE ANNUAL CAMPAIGN INITIATIVE. UNITED WAY OF CENTRAL OKLAHOMA ALSO MANAGES STATE AND MUNICIPAL EMPLOYEE CAMPAIGNS.</p> <p>AS SINGLE MEMBER LLCs, UNITED WAY OF LOGAN COUNTY, LLC AND UNITED WAY OF CANADIAN COUNTY, LLC, COLLECT CONTRIBUTIONS FROM THE PUBLIC THROUGH AN ANNUAL CAMPAIGN HELD IN THE FALL AND THEN DISTRIBUTE THE MONEY THE FOLLOWING YEAR TO PARTNER AGENCIES THAT SERVE THE PUBLIC INTEREST IN LOGAN AND CANADIAN COUNTY, RESPECTIVELY. THE GRANT ALLOCATIONS ARE APPROVED BY THE UNITED WAY OF LOGAN COUNTY, LLC'S AND UNITED WAY OF CANADIAN COUNTY, LLC'S ADVISORY BOARDS AND THEN BY THE BOARD OF DIRECTORS OF UNITED WAY OF CENTRAL OKLAHOMA.</p> <p>WAYFINDER INNOVATION GRANTS THE WAYFINDER INNOVATION GRANT PROGRAM IS A NEW APPROACH TO SOLVING OUR COMMUNITY'S TOUGHEST CHALLENGES. LOCAL NONPROFITS ARE INVITED TO SUBMIT INNOVATIVE AND NEW CREATIVE IDEAS THAT ADDRESS PROBLEMS WITHIN UNITED WAY OF CENTRAL OKLAHOMA'S FIVE FOCUS AREAS:</p> <p>STRONG FAMILIES, SUCCESSFUL KIDS, HEALTHY CITIZENS, INDEPENDENT LIVING AND COMMUNITY PREPAREDNESS; THAT ARE NOT CURRENTLY AVAILABLE IN THE COMMUNITY. FINALISTS ARE INVITED TO PITCH THE IDEA IN A SHARK TANK APPROACH TO A PANEL OF COMMUNITY LEADERS, WHO SELECT THE MOST PROMISING AND VIABLE IDEAS TO RECEIVE ONE-TIME FUNDING.</p> <p>EMBRACEOKC UNITED WAY OF CENTRAL OKLAHOMA WORKS TO ADDRESS VARIOUS SOCIAL ISSUES IDENTIFIED THROUGH OUR RESEARCH BY CONVENING STAKEHOLDERS AND COLLABORATING ON SOLUTIONS. AS TRENDS EMERGE, NEW COMMUNITY INITIATIVES ARE CREATED TO RESPOND TO COMMUNITY NEEDS. CURRENTLY, UNITED WAY OF CENTRAL OKLAHOMA IS ACTIVE IN NEARLY 30 COMMUNITY INITIATIVES, AND IN 2022, WE PARTNERED WITH THE OKC PUBLIC SCHOOLS COMPACT ON ITS COLLABORATIVE INITIATIVE TO SUPPORT BEHAVIORAL HEALTH IMPROVEMENTS THROUGHOUT THE OKLAHOMA CITY PUBLIC SCHOOL SYSTEM, EMBRACEOKC.</p> <p>EMBRACEOKC IS A DISTRICT-WIDE INITIATIVE TO EMBRACE MENTAL HEALTH AS PREVENTABLE AND TREATABLE, TO PROTECT CHILDREN'S MENTAL HEALTH FOR LIFE, TO ACHIEVE MAXIMUM SOCIAL AND EMOTIONAL WELLBEING FOR CHILDREN AND THEIR FAMILIES AND TO HOLD THE SCHOOL AND COMMUNITY AS A PLACE OF SAFETY AND SUPPORT. THE INITIATIVE IS A COMPREHENSIVE APPROACH TO ACHIEVE MAXIMUM SOCIAL AND EMOTIONAL WELL-BEING FOR STUDENTS AND THEIR FAMILIES THROUGH SCHOOL-BASED MENTAL HEALTH SERVICES INCLUDING AWARENESS, PREVENTION, EARLY INTERVENTION AND TREATMENT. UNITED WAY OF CENTRAL OKLAHOMA'S ROLE IS TO ASSIST IN RAISING FUNDS, OVERSEE THE ALLOCATION OF FUNDS AND REPORT BACK TO STAKEHOLDERS ON THE IMPACT OF THE PROGRAM.</p> <p>BOARD SERVE CENTRAL OKLAHOMA UNITED WAY OF CENTRAL OKLAHOMA IMPROVES NONPROFIT BOARDS BY RECRUITING AND TRAINING PARTICIPANTS WHO ARE THEN PAIRED WITH NONPROFIT AGENCIES IN THE CENTRAL OKLAHOMA AREA TO SERVE AS A BOARD MEMBER. THE BOARD SERVE PROGRAM BEGAN IN 2013 FOR BOARD MEMBER CANDIDATES TO ATTEND SEVEN MONTHLY EXPERT-LED SESSIONS COVERING NONPROFIT BOARD GOVERNANCE, LEADERSHIP SKILLS, NONPROFIT LAW, FUNDRAISING AND OTHER SKILLS REQUIRED TO SERVE ON A NONPROFIT BOARD. CANDIDATES SUBMIT AN APPLICATION TO THE PROGRAM AND UPON ACCEPTANCE, EACH CANDIDATE PAYS A FEE TO ATTEND THE BOARD SERVE PROGRAM SESSIONS. A FORMAL GRADUATION AND AGENCY BOARD PLACEMENT CEREMONY IS CONDUCTED IN SEPTEMBER. PLACEMENTS ARE BASED ON BOARD NEEDS AND THE SPECIFIC TALENTS AND INTERESTS OF THE PARTICIPANTS. IN 2017, IT WAS DETERMINED TO CONDUCT THE BOARD SERVE PROGRAM SESSIONS EVERY OTHER YEAR. TO DATE, THE BOARD SERVE CENTRAL OKLAHOMA PROGRAM HAS GRADUATED 183 CANDIDATES AND FACILITATED OVER 200 PLACEMENTS TO AREA NONPROFIT BOARDS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of Central Oklahoma Inc

Employer identification number

73-0589829

Return Reference - Identifier	Explanation						
FORM 990, PART IV, LINE 28 - TRANSACTION WITH RELATED PARTIES	THE BOARD OF DIRECTORS INCLUDES A NUMBER OF BUSINESS PEOPLE IN THE COMMUNITY. THE ORGANIZATION MAY HAVE SOME BUSINESS RELATIONS WITH MEMBERS OF THE BOARD BUT ALL TRANSACTIONS ARE DONE AT ARMS LENGTH. IF A RELATIONSHIP IS IDENTIFIED, THE ORGANIZATION DISCLOSES THE INFORMATION ON THE FORM 990 AS REQUIRED. THERE WERE NO SUCH CONFLICTS REQUIRING DISCLOSURE IN 2024.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REQUIRES AN ANNUAL DISCLOSURE OF ANY CONFLICTS AND A REPRESENTATION THAT DIRECTORS AND ALL EMPLOYEES WILL COMPLY WITH THE CONFLICT OF INTEREST POLICY. THE DISCLOSURES ARE MONITORED BY THE PRESIDENT AND CEO OF THE ORGANIZATION. ANY IDENTIFIED CONFLICTS ARE REPORTED TO THE ETHICS AND DIVERSITY COMMITTEE. IN THE EVENT OF A CONFLICT, THE CONFLICTED DIRECTOR ABSTAINS FROM DISCUSSION AND VOTING.						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE HUMAN RESOURCE COMMITTEE, COMPOSED OF VOTING BOARD MEMBERS AND INDEPENDENT HUMAN RESOURCES PROFESSIONALS, APPROVED SALARY RANGES FOR ALL POSITIONS ON NOVEMBER 8, 2022. EACH YEAR, UNITED WAY OF CENTRAL OKLAHOMA (UWCO) DEVELOPS AN ANNUAL BUDGET THAT INCLUDES COMPENSATION. THE FINANCE COMMITTEE REVIEWS AND APPROVES THE BUDGET DURING ITS NOVEMBER MEETING. THE BUDGET IS SUBSEQUENTLY SUBMITTED TO AND APPROVED BY BOTH THE EXECUTIVE COMMITTEE AND THE FULL BOARD OF DIRECTORS IN DECEMBER. THE EXECUTIVE COMMITTEE CONDUCTS A FORMAL ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT & CEO IN DECEMBER. DOCUMENTATION OF THIS EVALUATION IS MAINTAINED BY THE HUMAN RESOURCES DEPARTMENT. BASED ON THE RESULTS OF THE EVALUATION, THE EXECUTIVE COMMITTEE MAY RECOMMEND ADJUSTMENTS TO BASE COMPENSATION OR AWARD A PERFORMANCE-BASED BONUS.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SALARY RANGES FOR ALL POSITIONS WERE APPROVED BY THE HUMAN RESOURCE COMMITTEE, WHICH INCLUDES VOTING BOARD MEMBERS AND INDEPENDENT HR PROFESSIONALS, ON NOVEMBER 8, 2022. UWCO INCORPORATES COMPENSATION INTO ITS ANNUAL BUDGET, WHICH IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE IN NOVEMBER AND SUBSEQUENTLY APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS IN DECEMBER. ALL OTHER OFFICERS AND KEY EMPLOYEES UNDERGO A FORMAL ANNUAL PERFORMANCE EVALUATION CONDUCTED BY THEIR DIRECT SUPERVISOR IN FEBRUARY. THESE EVALUATIONS ARE REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND THEN BY THE PRESIDENT & CEO. EVALUATION DOCUMENTATION IS RETAINED BY THE HUMAN RESOURCES DEPARTMENT. MERIT-BASED INCREASES IN BASE PAY OR PERFORMANCE BONUSES MAY BE AWARDED BASED ON THE RESULTS OF THESE EVALUATIONS.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION ALLOWS THE PUBLIC TO VIEW ITS FINANCIAL STATEMENTS AND FORM 990 BY REQUESTING THEM AT THE ORGANIZATION'S MAIN OFFICE. THE ORGANIZATION'S CERTIFICATE OF INCORPORATION IS MADE AVAILABLE BY THE OKLAHOMA SECRETARY OF STATE'S OFFICE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY CAN BE MADE AVAILABLE FOR A PROPER PURPOSE UPON WRITTEN REQUEST AT THE ORGANIZATION'S MAIN OFFICE.						
FORM 990, PART VI, SECTION A, LINE 1A - DELEGATION OF AUTHORITY	ARTICLE VI, SECTION 1, OF THE ORGANIZATION'S BYLAWS ESTABLISHES AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, CHAIR ELECT, SECRETARY/TREASURER, AND VARIOUS COMMITTEE CHAIRS. THE DUTIES OF THE EXECUTIVE COMMITTEE INCLUDE MEETING IN THE ABSENCE OF THE BOARD TO CONDUCT ALL NECESSARY ACTIVITIES TO ENSURE THE CONTINUED OPERATION OF UNITED WAY. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAKE USE OF SUCH POWERS AS THE BOARD SHALL DELEGATE. ACTIVITIES OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THEIR NEXT MEETING.						
FORM 990, PART VI, SECTION A, LINE 2 - BOARD RELATIONSHIPS	THE BOARD OF DIRECTORS OF THE ORGANIZATION IS EXTREMELY ROBUST AND ENCOMPASSES INFLUENTIAL BUSINESS MEN AND WOMEN IN THE COMMUNITY. AS SUCH IT IS POSSIBLE THAT BOARD MEMBERS MAY HAVE BUSINESS/FAMILY RELATIONSHIPS. HOWEVER, THESE POTENTIAL RELATIONSHIPS DO NOT CREATE ANY ISSUES OR CONFLICTS IMPACTING THE OPERATION OF THE ORGANIZATION. IF A RELATIONSHIP IS IDENTIFIED, THE ORGANIZATION DISCLOSES THE INFORMATION ON THE FORM 990 AS REQUIRED.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN BENEFICIAL INTEREST</td> <td>141,667</td> </tr> <tr> <td>TOTAL</td> <td>141,667</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN BENEFICIAL INTEREST	141,667	TOTAL	141,667
(a) Description	(b) Amount						
CHANGE IN BENEFICIAL INTEREST	141,667						
TOTAL	141,667						

**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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number

73-0589829

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
(1) UNITED PROPERTY ACQUISITION LLC (00-0000000) 1444 N.W. 28TH STREET, OKLAHOMA CITY, OK 73106	REAL ESTATE	OK	0	155,000	UWCO
(2) UNITED WAY OF LOGAN COUNTY, LLC (73-1279596) 1444 N.W. 28TH STREET, OKLAHOMA CITY, OK 73106	FUNDRAISING	OK	233,207	0	UWCO
(3) UNITED WAY OF CANADIAN COUNTY, LLC (30-0092336) 1444 N.W. 28TH STREET, OKLAHOMA CITY, OK 73106	FUNDRAISING	OK	331,802	0	UWCO
(4)					
(5)					
(6)					

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART I - IDENTIFICATION OF DISREGARDED ENTITIES	DURING 2017, UNITED PROPERTY ACQUISITION LLC WAS FORMED TO OWN REAL ESTATE. THERE IS NO EIN FOR UNITED PROPERTY ACQUISITION LLC BECAUSE THERE ARE NO EMPLOYEES OR A BANK ACCOUNT ASSOCIATED WITH THE ENTITY.

United Way of Central Oklahoma, Incorporated is a charitable organization that raises donations and contributions, including donor-designated pledges from individuals, businesses and others in the community through an annual fundraising campaign (“Annual Campaign”). These funds are allocated among, and timely paid to, approximately 60 other charitable organizations that directly provide benefits and services to individuals in seven central Oklahoma counties. This is accomplished through an allocations process conducted by community volunteers, donor-determined designations, and approved by United Way’s governing board of volunteer community leaders. The following amounts represent payments made to partner agencies in 2024.

<https://www.irs.gov/charities-non-profits/exempt-organizations-business-master-file-extract-eo-bmf>

Annual Campaign

Agency	EIN #	Address	City	State	Zip	Amount	Purpose
A Chance to Change	73-1116884	2113 W Britton Road	Oklahoma City	OK	73120	\$ 98,805.00	Partner Agency Allocation
A Chance to Change	73-1116884	2113 W Britton Road	Oklahoma City	OK	73120	\$ 21,850.00	WayFinder Funding
Areawide Aging Agency	73-0960311	4101 Perimeter Center Drive, Suite 310	Oklahoma City	OK	73112	\$ 53,730.98	Partner Agency Allocation
Bethesda	73-1170216	1181 E Main Street	Norman	OK	73071	\$ 66,475.02	Partner Agency Allocation
Big Brothers Big Sisters	73-1226237	1306 S DENVER AVE	TULSA	OK	74119	\$ 167,500.00	Partner Agency Allocation
Boy Scouts of America, Last Frontier Council	73-0580263	3031 NW 64th Street	Oklahoma City	OK	73116	\$ 446,248.00	Partner Agency Allocation
Boys & Girls Club of OK County	73-1472202	PO BOX 18701	Oklahoma City	OK	73154	\$ 228,500.00	Partner Agency Allocation
C.A.R.T. House	73-1382210	PO Box 1424	El Reno	OK	73036	\$ 20,500.00	Partner Agency Allocation
Calm Waters Center for Children & Families, Inc	73-1561707	501 N Walker Avenue, Suite 140	Oklahoma City	OK	73102	\$ 79,529.96	Partner Agency Allocation
Camp Fire Boys & Girls-Heart of OK Council	73-0592383	3309 E Hefner Road	Oklahoma City	OK	73131	\$ 152,881.27	Partner Agency Allocation
Canadian County 4-H Foundation	73-1535976	PO Box 519	El Reno	OK	73036	\$ 7,424.96	Partner Agency Allocation
Canadian County CASA, Inc.	47-0855453	7905 East Hwy 66	El Reno	OK	73036	\$ 17,999.96	Partner Agency Allocation
Care Center	73-1393193	1405 N ASHTON PL	OKLAHOMA CITY	OK	73117	\$ 45,000.04	Partner Agency Allocation
CASA for Kids	73-1396936	315 W 6th Ave #205	Stillwater	OK	74074	\$ 15,000.00	Partner Agency Allocation
CASA of Oklahoma County	13-4364692	1608 NW Expressway, Suite 101	Oklahoma City	OK	73118	\$ 107,100.00	Partner Agency Allocation
Catholic Charities of the Arch Diocese	73-0636561	1232 N Classen Blvd	Oklahoma City	OK	73106	\$ 292,457.48	Partner Agency Allocation
Center of Family Love	73-1130455	PO BOX 245	Okarche	OK	73762	\$ 36,000.00	Partner Agency Allocation
Central Oklahoma Camp & Conference	73-0735290	1 Twin Ceder Lane	Guthrie	OK	73044	\$ 11,250.04	Partner Agency Allocation
Citizens Caring for Children	73-1230194	730 W Wilshire Blvd, Suite 112	Oklahoma City	OK	73116	\$ 110,565.00	Partner Agency Allocation
City Care	73-1497381	6001 N CLASSEN BLVD BLDG 5	Oklahoma City	OK	73118	\$ 51,303.98	Partner Agency Allocation
City Care	73-1497381	6001 N CLASSEN BLVD BLDG 5	Oklahoma City	OK	73118	\$ 25,000.00	Community Impact Grant
Community Literacy Centers	73-1299581	4 NE 10th Street, Suite 263	Oklahoma City	OK	73104	\$ 73,990.02	Partner Agency Allocation
Compassionate Sharing	73-1453921	4 N 6th Street	YUKON	OK	73099	\$ 28,000.04	Partner Agency Allocation
Daily Living Center	73-1030757	PO Box 608	Bethany	OK	73008	\$ 225,465.04	Partner Agency Allocation
Dale Rogers Training Center	73-0665454	2501 N Utah Avenue	Oklahoma City	OK	73107	\$ 138,375.00	Partner Agency Allocation
Dentist for the Disabled	73-1325324	3000 United Founders Blvd, Suite 116	Oklahoma City	OK	73112	\$ 79,700.02	Partner Agency Allocation
El Reno Blessing Baskets, Inc.	10-748848	PO Box 55	El Reno	OK	73036	\$ 33,000.00	Partner Agency Allocation
Employment and Restoration Center (EARC)	73-1100113	10 E 9TH ST	Edmond	OK	73034	\$ 72,548.52	Partner Agency Allocation
Girl Scouts - Western Oklahoma	73-0677849	121 NE 50TH ST	Oklahoma City	OK	73105	\$ 284,171.98	Partner Agency Allocation
God's Food Bank	73-1590770	PO BOX 114	Guthrie	OK	73044	\$ 67,123.02	Partner Agency Allocation
Health Alliance for the Uninsured	26-1789292	3000 United Founders Blvd, Suite 219	Oklahoma City	OK	73112	\$ 77,827.02	Partner Agency Allocation
Heartline	73-0800311	PO BOX 12832	Oklahoma City	OK	73157	\$ 227,394.46	Partner Agency Allocation
Homeless Alliance	11-3718005	1724 NW 4th Street	Oklahoma City	OK	73106	\$ 131,634.00	Partner Agency Allocation
Homeless Alliance	11-3718005	1724 NW 4th Street	Oklahoma City	OK	73106	\$ 228,150.00	WayFinder Funding
Integrus Hospice of Oklahoma County	73-1369586	3001 Quail Springs Parkway	Oklahoma City	OK	73134	\$ 135,225.48	Partner Agency Allocation
Intervention & Crisis Advocacy Network (ICAN!)	73-1147385	PO BOX 1539	Chickasha	OK	73023	\$ 18,060.04	Partner Agency Allocation
John W. Keys Speech & Hearing Center	73-1464435	1200 N Stonewall Avenue	Oklahoma City	OK	73117	\$ 25,000.00	Partner Agency Allocation
Latino Community Development Agency	73-1424239	420 SW 10th Street	Oklahoma City	OK	73109	\$ 165,382.02	Partner Agency Allocation
Latino Community Development Agency	73-1424239	420 SW 10th Street	Oklahoma City	OK	73109	\$ 42,809.00	Community Impact Grant
Legal Aid Services of OK	73-1022203	3800 N Classen Blvd, Suite 230	Oklahoma City	OK	73118	\$ 95,017.50	Partner Agency Allocation
Logan Community Services	73-1077474	PO Box 1558	Guthrie	OK	73044	\$ 39,000.00	Partner Agency Allocation

Logan County Council on Aging	73-1282737	1102 E Warner Avenue	Guthrie	OK	73044	\$ 35,000.02	Partner Agency Allocation
Mental Health Association Oklahoma	73-0657931	5330 E 31ST ST	Tulsa	OK	74135	\$ 94,250.00	Partner Agency Allocation
Mental Health Association Oklahoma	73-0657931	5330 E 31ST ST	Tulsa	OK	74135	\$ 37,500.00	Community Impact Grant
Metropolitan Better Living Center	73-1377127	PO BOX 36119	Oklahoma City	OK	73136	\$ 129,980.00	Partner Agency Allocation
Mobile Meals of El Reno, Inc.	73-1194834	PO Box 879	El Reno	OK	73036	\$ 10,871.98	Partner Agency Allocation
Moore Youth and Family Services	73-0977144	624 NW 5TH Street	Moore	OK	73160	\$ 82,849.98	Partner Agency Allocation
Neighborhood Services Organization	73-0785944	431 SW 11th Street	Oklahoma City	OK	73109	\$ 345,282.52	Partner Agency Allocation
NewView Oklahoma	73-0592386	501 N Douglas Avenue	Oklahoma City	OK	73106	\$ 80,589.52	Partner Agency Allocation
North Oklahoma County Mental Health Center/NorthCare	73-1134098	2617 General Pershing Blvd	Oklahoma City	OK	73107	\$ 302,000.00	Partner Agency Allocation
Oklahoma Foundation for the Disabled	73-0708241	8421 N Walker Avenue	Oklahoma City	OK	73114	\$ 226,500.04	Partner Agency Allocation
Oklahoma Foundation for the Disabled	73-0708241	8421 N Walker Avenue	Oklahoma City	OK	73114	\$ 15,000.00	Community Impact Grant
Oklahoma Medical Research Foudation (OMRF)	73-0580274	825 NE 13th Street	Oklahoma City	OK	73104	\$ 85,000.00	Partner Agency Allocation
Oklahoma United Methodist Circle of Care	73-0975224	1501 NW 24th Steet, Suite 214	Oklahoma City	OK	73106	\$ 32,500.02	Partner Agency Allocation
PIVOT	73-0940217	201 NE 50th Street	Oklahoma City	OK	73105	\$ 110,434.46	Partner Agency Allocation
Positive Tomorrows	73-1393438	PO Box 61190	Oklahoma City	OK	73146	\$ 244,720.00	Partner Agency Allocation
Possibilities, Inc	73-1544249	PO Box 60254	Oklahoma City	OK	73146	\$ 22,000.00	Partner Agency Allocation
ReMerge	46-4504748	823 N Villa Avenue	Oklahoma City	OK	73107	\$ 51,062.50	Partner Agency Allocation
Retired Senior Volunteer Program of OK County (RSVP)	73-1076184	1444 NW 28th Street	Oklahoma City	OK	73106	\$ 54,649.98	Partner Agency Allocation
Russell Murray Hospice, Inc.	73-1333173	2001 Parkview Drive	El Reno	OK	73036	\$ 28,749.98	Partner Agency Allocation
The Salvation Army	73-0579266	6601 N Broadway Extension	Oklahoma City	OK	73116	\$ 966,081.00	Partner Agency Allocation
The Saville Center	73-1546193	PO BOX 393	Stillwater	OK	74076	\$ 6,499.98	Partner Agency Allocation
Skyline Urban Ministry	23-7396786	500 SE 15th Street	Oklahoma City	OK	73129	\$ 72,007.50	Partner Agency Allocation
Special Care	73-1227079	12201 N Western Avenue	Oklahoma City	OK	73114	\$ 418,712.48	Partner Agency Allocation
Sunbeam Family Services	73-0590119	1100 NW 14th Street	Oklahoma City	OK	73106	\$ 899,624.00	Partner Agency Allocation
Sunbeam Family Services	73-0590119	1100 NW 14th Street	Oklahoma City	OK	73106	\$ 33,000.00	Community Impact Grant
The Education & Employment Ministry	73-1296882	1501 N Classen Blvd	Oklahoma City	OK	73106	\$ 84,880.02	Partner Agency Allocation
Tinker AFB Youth Council	73-0710206	4460 McNarney Avenue Building 5520	Tinker AFB	OK	73145	\$ 29,807.52	Partner Agency Allocation
Upward Transitions	73-0590277	1134 W Main Street	Oklahoma City	OK	73106	\$ 367,500.00	Partner Agency Allocation
Urban League of Greater OKC	73-0590037	3900 N Martin Luther King Avenue	Oklahoma City	OK	73111	\$ 362,075.96	Partner Agency Allocation
Variety Care	73-1088577	3000 N Grand Blvd	Oklahoma City	OK	73107	\$ 547,575.08	Partner Agency Allocation
Wings Special Needs Adult Community	20-1141382	PO BOX 2095	Edmond	OK	73083	\$ 10,000.02	Partner Agency Allocation
YMCA of Greater Oklahoma City	73-0579270	500 N Broadway Avenue, Suite 500	Oklahoma City	OK	73102	\$ 101,650.02	Partner Agency Allocation
YMCA of Greater Oklahoma City	73-0579270	500 N Broadway Avenue, Suite 500	Oklahoma City	OK	73102	\$ 60,000.00	Siemer Grant Designation
Youth and Family Services, Inc.	73-0970667	PO BOX 1207	El Reno	OK	73036	\$ 89,239.50	Partner Agency Allocation
YWCA	73-0579272	2460 NW 39th Street	Oklahoma City	OK	73112	\$ 895,850.02	Partner Agency Allocation
						\$ 11,176,438.95	

In addition to conducting the annual United Way Campaign, United Way serves, under contractual arrangement, as the Principal Combined Fundraising Organization (PCFO) for the State and City Employee Campaigns. These campaign donors are required to designate their gifts to eligible charitable organizations (including United Way of Central Oklahoma) throughout the country. A list of the eligible charitable organizations is provided to the donors by their employer. Many of these organizations are not partner agencies directly supported by United Way of Central Oklahoma. In accordance with its contractual obligation, United Way of Central Oklahoma distributes these donations in accordance with the donor's designation.

City Campaign

Agency	EIN #	Address	City	State	Zip	Amount	Purpose
Allied Arts Foundation	73-0804291	1015 N Broadway Avenue, Suite 200	Oklahoma City	OK	73102	\$ 70,842.99	Federated Campaign Designation
Creating Healthier Communities	73-1337456	1199 North Fairfax Street 600	Alexandria	VA	22314	\$ 146,892.06	Federated Campaign Designation
Regional Food Bank of Oklahoma	73-1100380	PO Box 270968	Oklahoma City	OK	73137	\$ 85,649.60	Federated Campaign Designation
United Way of Central Oklahoma	73-0589829	1444 NW 28th Street	Oklahoma City	OK	73106	\$ 167,297.04	Federated Campaign Designation
						\$ 470,681.69	

State Campaign

Agency	EIN #	Address	City	State	Zip	Amount	Purpose
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Allied Arts Foundation	73-0804291	1015 N Broadway Avenue, Suite 200	Oklahoma City	OK	73102	\$	12,378.69	Federated Campaign Designation
America's Charities	54-1517707	14200 Park Meadow Drive Suite 3305	Chantilly	VA	20151	\$	6,196.97	Federated Campaign Designation
Creating Healthier Communities	73-1337456	1199 North Fairfax Street 600	Alexandria	VA	22314	\$	45,427.00	Federated Campaign Designation
Regional Food Bank of Oklahoma	73-1100380	PO Box 270968	Oklahoma City	OK	73137	\$	58,541.90	Federated Campaign Designation
United Way of Central Oklahoma	73-0589829	1444 NW 28th Street	Oklahoma City	OK	73106	\$	105,543.89	Federated Campaign Designation
United Way of Norman	73-0668684	2424 Springer Drive, Suite 304	Norman	OK	73069	\$	13,293.15	Federated Campaign Designation
							\$	241,381.60

Combined Federal Campaign in which UWCO enrolled as a federation but was not the PCFO

Agency	EIN #	Address	City	State	Zip	Amount	Purpose
Catholic Charities of the Archdiocese of Oklahoma City Inc.	73-0636561	1232 N Classen Blvd	Oklahoma City	OK	73106	\$ 17,645.10	Federated Campaign Designation
Dale Rogers Training Center	73-0665454	2501 N Utah Avenue	Oklahoma City	OK	73107	\$ 6,033.53	Federated Campaign Designation
Positive Tomorrows	73-1393438	PO Box 61190	Oklahoma City	OK	73146	\$ 9,309.13	Federated Campaign Designation
Sunbeam Family Services	73-0590119	1100 NW 14th Street	Oklahoma City	OK	73106	\$ 5,088.55	Federated Campaign Designation
							\$ 38,076.31

Disaster Relief

Agency	EIN #	Address	City	State	Zip	Amount	Purpose
Moore Youth and Family Services	73-0977144	624 NW 5TH Street	Moore	OK	73160	\$ 67,132.51	Disaster Assistance Grant #5
							\$ 67,132.51

Donor Directed Designations

Agency	EIN #	Address	City	State	Zip	Amount	Purpose
A Chance to Change	73-1116884	2113 W Britton Road	Oklahoma City	OK	73120	\$ 6,000.00	Donor Directed Designation
Areawide Aging Agency	73-0960311	4101 Perimeter Center Drive, Suite 310	Oklahoma City	OK	73112	\$ 6,000.00	Donor Directed Designation
Bethesda	73-1170216	1181 E Main Street	Norman	OK	73071	\$ 6,000.00	Donor Directed Designation
Big Brothers Big Sisters	73-1226237	1306 S DENVER AVE	TULSA	OK	74119	\$ 6,000.00	Donor Directed Designation
Boy Scouts of America, Last Frontier Council	73-0580263	3031 NW 64th Street	Oklahoma City	OK	73116	\$ 6,000.00	Donor Directed Designation
Boys & Girls Club of OK County	73-1472202	PO BOX 18701	Oklahoma City	OK	73154	\$ 6,000.00	Donor Directed Designation
C.A.R.T. House	73-1382210	PO Box 1424	El Reno	OK	73036	\$ 6,000.00	Donor Directed Designation
Calm Waters Center for Children & Families, Inc	73-1561707	501 N Walker Avenue, Suite 140	Oklahoma City	OK	73102	\$ 6,000.00	Donor Directed Designation
Camp Fire Boys & Girls-Heart of OK Council	73-0592383	3309 E Hefner Road	Oklahoma City	OK	73131	\$ 6,000.00	Donor Directed Designation
Canadian County 4-H Foundation	73-1535976	PO Box 519	El Reno	OK	73036	\$ 6,000.00	Donor Directed Designation
Canadian County CASA, Inc.	47-0855453	7905 East Hwy 66	El Reno	OK	73036	\$ 6,000.00	Donor Directed Designation
The Care Center	73-1393193	1405 N ASHTON PL	OKLAHOMA CITY	OK	73117	\$ 6,000.00	Donor Directed Designation
CASA for Kids	73-1396936	315 W 6th Ave #205	Stillwater	OK	74074	\$ 6,000.00	Donor Directed Designation
CASA of Oklahoma County	13-4364692	1608 NW Expressway, Suite 101	Oklahoma City	OK	73118	\$ 6,000.00	Donor Directed Designation
Catholic Charities of the Arch Diocese	73-0636561	1232 N Classen Blvd	Oklahoma City	OK	73106	\$ 6,000.00	Donor Directed Designation
Center of Family Love	73-1130455	PO BOX 245	Okarche	OK	73762	\$ 6,000.00	Donor Directed Designation
Central Oklahoma Camp & Conference/Twin Cedars Camp	73-0735290	1 Twin Ceder Lane	Guthrie	OK	73044	\$ 6,000.00	Donor Directed Designation
Citizens Caring for Children	73-1230194	730 W Wilshire Blvd, Suite 112	Oklahoma City	OK	73116	\$ 6,000.00	Donor Directed Designation
City Care	73-1497381	6001 N CLASSEN BLVD BLDG 5	Oklahoma City	OK	73118	\$ 6,000.00	Donor Directed Designation
Community Literacy Centers	73-1299581	4 NE 10th Street, Suite 263	Oklahoma City	OK	73104	\$ 6,000.00	Donor Directed Designation
Compassionate Sharing	73-1453921	4 N 6th Street	YUKON	OK	73099	\$ 6,000.00	Donor Directed Designation
Daily Living Center	73-1030757	PO Box 608	Bethany	OK	73008	\$ 6,000.00	Donor Directed Designation
Dale Rogers Training Center	73-0665454	2501 N Utah Avenue	Oklahoma City	OK	73107	\$ 6,000.00	Donor Directed Designation
Dentist for the Disabled	73-1325324	3000 United Founders Blvd, Suite 116	Oklahoma City	OK	73112	\$ 6,000.00	Donor Directed Designation
El Reno Blessing Baskets, Inc.	10-748848	PO Box 55	El Reno	OK	73036	\$ 6,000.00	Donor Directed Designation
Employment and Restoration Center (EARC)	73-1100113	10 E 9TH ST	Edmond	OK	73034	\$ 6,000.00	Donor Directed Designation
Girl Scouts - Western Oklahoma	73-0677849	121 NE 50TH ST	Oklahoma City	OK	73105	\$ 6,000.00	Donor Directed Designation
God's Food Bank	73-1590770	PO BOX 114	Guthrie	OK	73044	\$ 6,000.00	Donor Directed Designation
Health Alliance for the Uninsured	26-1789292	3000 United Founders Blvd, Suite 219	Oklahoma City	OK	73112	\$ 6,000.00	Donor Directed Designation
Heartline	73-0800311	PO BOX 12832	Oklahoma City	OK	73157	\$ 6,000.00	Donor Directed Designation
The Homeless Alliance	11-3718005	1724 NW 4th Street	Oklahoma City	OK	73106	\$ 6,000.00	Donor Directed Designation
Integrus Hospice of Oklahoma County	73-1369586	3001 Quail Springs Parkway	Oklahoma City	OK	73134	\$ 6,000.00	Donor Directed Designation
Intervention & Crisis Advocacy Network (ICAN!)	73-1147385	PO BOX 1539	Chickasha	OK	73023	\$ 6,000.00	Donor Directed Designation

John W. Keys Speech & Hearing Center	73-1464435	1200 N Stonewall Avenue	Oklahoma City	OK	73117	\$	6,000.00	Donor Directed Designation
Latino Community Development Agency	73-1424239	420 SW 10th Street	Oklahoma City	OK	73109	\$	6,000.00	Donor Directed Designation
Legal Aid Services of OK	73-1022203	3800 N Classen Blvd, Suite 230	Oklahoma City	OK	73118	\$	6,000.00	Donor Directed Designation
Logan Community Services	73-1077474	PO Box 1558	Guthrie	OK	73044	\$	6,000.00	Donor Directed Designation
Logan County Council on Aging	73-1282737	1102 E Warner Avenue	Guthrie	OK	73044	\$	6,000.00	Donor Directed Designation
Mental Health Association Oklahoma	73-0657931	5330 E 31ST ST	Tulsa	OK	74135	\$	6,000.00	Donor Directed Designation
Metropolitan Better Living Center	73-1377127	PO BOX 36119	Oklahoma City	OK	73136	\$	6,000.00	Donor Directed Designation
Moore Youth and Family Services	73-0977144	624 NW 5TH Street	Moore	OK	73160	\$	6,000.00	Donor Directed Designation
Moore Youth and Family Services	73-0977144	624 NW 5TH Street	Moore	OK	73160	\$	5,000.00	Donor Directed Award
Neighborhood Hope Dealers	84-5034996	PO BOX 491	Guthrie	OK	73044	\$	6,000.00	Donor Directed Designation
Neighborhood Services Organization	73-0785944	431 SW 11th Street	Oklahoma City	OK	73109	\$	26,000.00	Donor Directed Designation
NewView Oklahoma	73-0592386	501 N Douglas Avenue	Oklahoma City	OK	73106	\$	6,000.00	Donor Directed Designation
North Oklahoma County Mental Health Center/NorthCare	73-1134098	2617 General Pershing Blvd	Oklahoma City	OK	73107	\$	6,000.00	Donor Directed Designation
Oklahoma Foundation for the Disabled	73-0708241	8421 N Walker Avenue	Oklahoma City	OK	73114	\$	6,000.00	Donor Directed Designation
Oklahoma Medical Research Foudation (OMRF)	73-0580274	825 NE 13th Street	Oklahoma City	OK	73104	\$	206,000.00	Donor Directed Designation
Oklahoma United Methodist Circle of Care	73-0975224	1501 NW 24th Steet, Suite 214	Oklahoma City	OK	73106	\$	6,000.00	Donor Directed Designation
PIVOT	73-0940217	201 NE 50th Street	Oklahoma City	OK	73105	\$	6,000.00	Donor Directed Designation
Positive Tomorrows	73-1393438	PO Box 61190	Oklahoma City	OK	73146	\$	6,000.00	Donor Directed Designation
Possibilities, Inc	73-1544249	PO Box 60254	Oklahoma City	OK	73146	\$	6,000.00	Donor Directed Designation
ReMerge	46-4504748	823 N Villa Avenue	Oklahoma City	OK	73107	\$	6,000.00	Donor Directed Designation
ReMerge	46-4504748	823 N Villa Avenue	Oklahoma City	OK	73107	\$	5,000.00	Donor Directed Award
Retired Senior Volunteer Program of OK County (RSVP)	73-1076184	1444 NW 28th Street	Oklahoma City	OK	73106	\$	6,000.00	Donor Directed Designation
Russell Murray Hospice, Inc.	73-1333173	2001 Parkview Drive	El Reno	OK	73036	\$	6,000.00	Donor Directed Designation
The Salvation Army	73-0579266	6601 N Broadway Extension	Oklahoma City	OK	73116	\$	6,000.00	Donor Directed Designation
The Saville Center	73-1546193	PO BOX 393	Stillwater	OK	74076	\$	6,000.00	Donor Directed Designation
Skyline Urban Ministry	23-7396786	500 SE 15th Street	Oklahoma City	OK	73129	\$	6,000.00	Donor Directed Designation
Special Care	73-1227079	12201 N Western Avenue	Oklahoma City	OK	73114	\$	66,000.00	Donor Directed Designation
Sunbeam Family Services	73-0590119	1100 NW 14th Street	Oklahoma City	OK	73106	\$	6,000.00	Donor Directed Designation
The Education & Employment Ministry	73-1296882	1501 N Classen Blvd	Oklahoma City	OK	73106	\$	6,000.00	Donor Directed Designation
Tinker AFB Youth Council	73-0710206	4460 McNarney Avenue Building 5520	Tinker AFB	OK	73145	\$	6,000.00	Donor Directed Designation
Upward Transitions	73-0590277	1134 W Main Street	Oklahoma City	OK	73106	\$	11,000.00	Donor Directed Designation
Urban League of Greater OKC	73-0590037	3900 N Martin Luther King Avenue	Oklahoma City	OK	73111	\$	206,000.00	Donor Directed Designation
Variety Care	73-1088577	3000 N Grand Blvd	Oklahoma City	OK	73107	\$	6,000.00	Donor Directed Designation
Wings Special Needs Adult Community	20-1141382	PO BOX 2095	Edmond	OK	73083	\$	6,000.00	Donor Directed Designation
YMCA of Greater Oklahoma City	73-0579270	500 N Broadway Avenue, Suite 500	Oklahoma City	OK	73102	\$	6,000.00	Donor Directed Designation
YWCA	73-0579272	2460 NW 39th Street	Oklahoma City	OK	73112	\$	6,000.00	Donor Directed Designation
Youth and Family Services, Inc.	73-0970667	PO BOX 1207	El Reno	OK	73036	\$	6,000.00	Donor Directed Designation
							\$	903,000.00

Total #

79 Individual Charities

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning , 2024, and ending , 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(C)(3), C Book value of all assets at end of year 32,028,776, D Employer identification number 73-0589829, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of (SEE STATEMENT) Telephone number (405) 523-3518

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include description, line number, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include description, line number, and amount. Total amount is 0.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Columns include description, sub-line number, amount, and total. Total amount is 0.

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	0	
c	Tax deposited with Form 8868	6c	0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0	
e	Backup withholding (see instructions)	6e	0	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0	
g	Elective payment election amount from Form 3800	6g	0	
h	Payment from Form 2439	6h	0	
i	Credit from Form 4136	6i	0	
j	Other (see instructions)	6j	0	
7	Total payments. Add lines 6a through 6j	7		0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		0
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 0 Refunded	11		0

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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

Signature of officer: _____ Date: _____ Title: **CHIEF FINANCIAL OFFICER**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only	Print/Type preparer's name ANDREW GRAY	Preparer's signature <i>ANDREW GRAY</i>	Date 11/17/2025	Check <input type="checkbox"/> if self-employed	PTIN P01517705
	Firm's name FORVIS MAZARS, LLP			Firm's EIN	44-0160260
	Firm's address 14221 DALLAS PARKWAY SUITE 400, DALLAS, TX 75254			Phone no.	(972) 702-8262

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CHRISTOPHER BELL, 1444 NW 28TH STREET, OKLAHOMA CITY, OK 73106