PUBLIC DISCLOSURE COPY

Form 990 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: UNITED WAY OF CENTRAL OKLAHOMA INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1444 NW 28TH STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: OKLAHOMA CITY, OK 73106

D Employer identification number: 73-0589829

E Telephone number: (405) 523-3518

G Gross receipts $: 22,181,847

F Name and address of principal officer: RACHEL C. HOLT
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UNITEDWAYOKC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1952

M State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CONNECTING PEOPLE AND RESOURCES TO IMPROVE THE WELL BEING OF THOSE IN OUR COMMUNITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	84
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	84
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	38
6	Total number of volunteers (estimate if necessary)	6	2,224
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	18,362,667	20,624,290
9	Program service revenue (Part VIII, line 2g)	298,053	286,284
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	738,455	1,269,291
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,294	(7,914)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,427,469	22,171,951
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,209,713	17,282,511
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,778,054	2,812,749
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 1,234,883		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,033,537	1,982,631
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,021,304	22,077,891
19	Revenue less expenses. Subtract line 18 from line 12	406,165	94,060

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	32,028,776	32,173,925
21	Total liabilities (Part X, line 26)	6,356,977	6,666,811
22	Net assets or fund balances. Subtract line 21 from line 20	25,671,799	25,507,114

Part II Signature Block

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

Sign Here

Christopher Bell — Signature of officer — Date: 10-13-2026

CHRISTOPHER P BELL, CHIEF FINANCIAL OFFICER — Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANDREW J GRAY	ANDREW J GRAY	10/12/2026		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

May the IRS discuss this return with the preparer shown above? See instructions ☑ 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 . . . . . ☑

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 $ 19,474,709 including grants of $ 17,282,511) (Revenue $ 284,063)

(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 19,474,709

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
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? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✓	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	✓	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38		
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? *If "No" to line 3b, provide an explanation on Schedule O*		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? *If "No," provide an explanation on Schedule O*		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.	1a	84		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	84		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6			✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✓

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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	45.0									
PRESIDENT & CEO	0.0			✓				212,620	0	19,868
(2) NINA DAYLOR	45.0									
COO	0.0					✓		139,504	0	30,277
(3) CHRISTOPHER P. BELL	45.0									
CFO	0.0			✓				116,439	0	29,223
(4) ASHLEIGH SORREL ROSE	45.0									
CDO	0.0					✓		106,727	0	38,464
(5) HEATHER SCOTT	1.0									
ASSISTANT SECRETARY	0.0	✓		✓				0	0	0
(6) JOHN HIGGINBOTHAM	1.0									
ASSISTANT TREASURER	0.0	✓		✓				0	0	0
(7) LANE R. NEAL	1.0									
CHAIR ELECT	0.0	✓		✓				0	0	0
(8) MARK FUNKE	1.0									
BOARD CHAIR	0.0	✓		✓				0	0	0
(9) RICK MCCUNE	1.0									
TREASURER	0.0	✓		✓				0	0	0
(10) BENNETT GEISTER	1.0									
DIRECTOR	0.0	✓						0	0	0
(11) BRADLEY KRIEGER	1.0									
DIRECTOR	0.0	✓						0	0	0
(12) BRENT HENSLEY	1.0									
DIRECTOR	0.0	✓						0	0	0
(13) BRUCE LAWRENCE	1.0									
DIRECTOR	0.0	✓						0	0	0
(14) CAROLINE IKARD	1.0									
DIRECTOR	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) CHERI SHEPARD	1.0									
DIRECTOR	0.0	✓						0	0	0
(16) CHRIS ANOATUBBY	1.0									
DIRECTOR	0.0	✓						0	0	0
(17) CHRISTY GILLENWATER	1.0									
DIRECTOR	0.0	✓						0	0	0
(18) CLAY T. FARHA	1.0									
ADMINISTRATIVE CHAIR	0.0	✓						0	0	0
(19) CRAIG ABBOTT	1.0									
DIRECTOR	0.0	✓						0	0	0
(20) CRAIG FREEMAN	1.0									
DIRECTOR	0.0	✓						0	0	0
(21) DAN BOREN	1.0									
DIRECTOR	0.0	✓						0	0	0
(22) DAVE LOPEZ	1.0									
INVESTMENT CHAIR	0.0	✓						0	0	0
(23) DAVID HARLOW	1.0									
DIRECTOR	0.0	✓						0	0	0
(24) DAVID LLOYD	1.0									
DIRECTOR	0.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								575,290	0	117,832
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								575,290	0	117,832

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? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

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	58,883				
	b	Membership dues	1b					
	c	Fundraising events	1c	36,440				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,528,967				
	g	Noncash contributions included in lines 1a–1f	1g	$ 556,801				
	h	**Total.** Add lines 1a–1f			20,624,290			
Program Service Revenue			Business Code					
	2a	FEDERATED CAMPAIGN ADMIN FEE	900099		286,284	286,284		
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			286,284			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,262,744			1,262,744
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b		(6,547)				
	c	Gain or (loss) 7c	0	6,547				
	d	Net gain or (loss)			6,547			6,547
	8a	Gross income from fundraising events (not including $ 36,440 of contributions reported on line 1c). See Part IV, line 18	8a	10,750				
	b	Less: direct expenses	8b	16,443				
	c	Net income or (loss) from fundraising events			(5,693)			(5,693)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a	MISCELLANEOUS REVENUE	900099		(2,221)	(2,221)		
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			(2,221)			
	12	**Total revenue.** See instructions			22,171,951	284,063	0	1,263,598

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	17,282,511	17,282,511		
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	378,151	157,656	115,340	105,155
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	1,828,914	769,821	557,857	501,236
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,288	28,789	20,525	17,974
9 Other employee benefits	382,591	162,087	116,701	103,803
10 Payroll taxes	155,805	65,456	47,649	42,700
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	64,773		64,773	
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.)	69,966	26,454	20,108	23,404
12 Advertising and promotion	134,244	46,581	8,632	79,031
13 Office expenses	67,429	25,555	19,548	22,326
14 Information technology	167,788	67,450	56,421	43,917
15 Royalties				
16 Occupancy	80,833	32,135	27,774	20,924
17 Travel	25,999	9,811	6,815	9,373
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,415	5,768	3,116	2,531
20 Interest				
21 Payments to affiliates	249,318	124,666	57,527	67,125
22 Depreciation, depletion, and amortization	237,218	99,848	72,357	65,013
23 Insurance	88,194	37,122	26,901	24,171
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 11g expenses on Schedule O.)				
a MISCELLANEOUS	329,074	215,408	58,087	55,579
b BAD DEBT EXPENSE	239,755	239,755	0	0
c CITY & STATE CAMPAIGN EXPENSE	91,882	0	48,397	43,485
d TELEPHONIC INTERPRETATION	64,905	64,905	0	0
e All other expenses	59,838	12,931	39,771	7,136
25 **Total functional expenses.** Add lines 1 through 24e	22,077,891	19,474,709	1,368,299	1,234,883
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,338,435	1	16,213,433
	2	Savings and temporary cash investments		1,526,340	2	1,535,931
	3	Pledges and grants receivable, net		8,866,500	3	7,696,663
	4	Accounts receivable, net		70,034	4	35,144
	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		115,205	9	94,304
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,833,707			
	b	Less: accumulated depreciation	10b 3,508,489	2,450,205	10c	2,325,218
	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		3,662,057	15	4,273,232
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		32,028,776	16	32,173,925
Liabilities	17	Accounts payable and accrued expenses		743,157	17	780,653
	18	Grants payable		5,613,820	18	5,851,561
	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	34,597
	26	**Total liabilities.** Add lines 17 through 25		6,356,977	26	6,666,811
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		24,812,091	27	25,071,793
	28	Net assets with donor restrictions		859,708	28	435,321
		Organizations that do not follow FASB ASC 958, check here ☐ 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		25,671,799	32	25,507,114
	33	Total liabilities and net assets/fund balances		32,028,776	33	32,173,925

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	22,171,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,077,891
3	Revenue less expenses. Subtract line 2 from line 1	3	94,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,671,799
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	(258,745)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,507,114

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✓
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	3b		

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) DAVID ORTLOFF DIRECTOR	1.0 0.0	✓						0	0	0
(26) DAVID THOMPSON DIRECTOR	1.0 0.0	✓						0	0	0
(27) DAVID WILLIAMS DIRECTOR	1.0 0.0	✓						0	0	0
(28) DOUG STUSSI DIRECTOR	1.0 0.0	✓						0	0	0
(29) DR. JAMIE C. POLK DIRECTOR	1.0 0.0	✓						0	0	0
(30) DR. KRISHNA R. MURALI DIRECTOR	1.0 0.0	✓						0	0	0
(31) DR. MUBEEN SHAKIR DIRECTOR	1.0 0.0	✓						0	0	0
(32) ED MARTIN DIRECTOR	1.0 0.0	✓						0	0	0
(33) GARY RASKOB DIRECTOR	1.0 0.0	✓						0	0	0
(34) GREG WHEELER DIRECTOR	1.0 0.0	✓						0	0	0
(35) HILLARY FARRELL DIRECTOR	1.0 0.0	✓						0	0	0
(36) JASON CLARK DIRECTOR	1.0 0.0	✓						0	0	0
(37) JEAN LEGER, JR. DIRECTOR	1.0 0.0	✓						0	0	0
(38) JEANETTE RICE DIRECTOR	1.0 0.0	✓						0	0	0
(39) JEFF NAPOLIELLO DIRECTOR	1.0 0.0	✓						0	0	0
(40) JENEE LISTER DIRECTOR	1.0 0.0	✓						0	0	0
(41) JENNY LOVE-MEYER DIRECTOR	1.0 0.0	✓						0	0	0
(42) JEROME A. HOLMES ETHICS & DIVERSITY CHAIR	1.0 0.0	✓						0	0	0
(43) JIM COUCH DIRECTOR	1.0 0.0	✓						0	0	0
(44) JIM ROTH 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	Former			
(45) JIMMY CURRY LABOR CHAIR	1.0 0.0	✓						0	0	0
(46) JOHN ARMITAGE DIRECTOR	1.0 0.0	✓						0	0	0
(47) JOHN MCNAMARA DIRECTOR	1.0 0.0	✓						0	0	0
(48) JUSTIN BRADY DIRECTOR	1.0 0.0	✓						0	0	0
(49) KATHY L. WILLIAMS NOMINATING CHAIR	1.0 0.0	✓						0	0	0
(50) KATIE MCQUEEN DIRECTOR	1.0 0.0	✓						0	0	0
(51) KATY BOREN 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 COMMUNICATIONS & EVENTS CHAIR	1.0 0.0	✓						0	0	0
(56) LARRY NICHOLS DIRECTOR	1.0 0.0	✓						0	0	0
(57) LEE SYMCOX CAMPAIGN CO-CHAIR	1.0 0.0	✓						0	0	0
(58) MARCUS TILLEY DIRECTOR	1.0 0.0	✓						0	0	0
(59) MARK BEHRMAN DIRECTOR	1.0 0.0	✓						0	0	0
(60) MARK HELM DIRECTOR	1.0 0.0	✓						0	0	0
(61) MARK LISLE COMMUNITY INVESTMENT CHAIR	1.0 0.0	✓						0	0	0
(62) MARK WHITMAN AUDIT CHAIR	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) MIKE TURPEN 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	Former			
(66) NATHAN SHIRLEY DIRECTOR	1.0 0.0	✓						0	0	0
(67) NICK DELL'OSSO DIRECTOR	1.0 0.0	✓						0	0	0
(68) NICK SAMARRIPAS DIRECTOR	1.0 0.0	✓						0	0	0
(69) PERRY H. SNEED DIRECTOR	1.0 0.0	✓						0	0	0
(70) RANDY K. ROPER DIRECTOR	1.0 0.0	✓						0	0	0
(71) RICK MUNCRIEF DIRECTOR	1.0 0.0	✓						0	0	0
(72) ROBERT CLEMENTS DIRECTOR	1.0 0.0	✓						0	0	0
(73) ROBERTA B. FIELDS HUMAN RESOURCES CHAIR	1.0 0.0	✓						0	0	0
(74) ROBIN ROBERSON DIRECTOR	1.0 0.0	✓						0	0	0
(75) SAM SIMS DIRECTOR	1.0 0.0	✓						0	0	0
(76) SARAH ROBERTS RESEARCH & COMMUNITY INITIATIVES CHAIR	1.0 0.0	✓						0	0	0
(77) SEAN CUMMINGS 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) SHANE WHARTON DIRECTOR	2.0 0.0	✓						0	0	0
(81) SHERRI LANCE STRATEGIC GROWTH CHAIR	1.0 0.0	✓						0	0	0
(82) SPENCER HAINES DIRECTOR	1.0 0.0	✓						0	0	0
(83) STEVE HART DIRECTOR	1.0 0.0	✓						0	0	0
(84) SUZIE SYMCOX CAMPAIGN CO-CHAIR	1.0 0.0	✓						0	0	0
(85) TIMOTHY PEHRSON DIRECTOR	1.0 0.0	✓						0	0	0
(86) TONY SHINN 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	Former			
(87) VICTOR H. FLORES DIRECTOR	1.0 0.0	✓						0	0	0
(88) WES MILBOURN 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

2025

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF CENTRAL OKLAHOMA INC	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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,026,848	20,631,474	18,252,281	18,004,324	20,624,290	94,539,217
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	17,026,848	20,631,474	18,252,281	18,004,324	20,624,290	94,539,217
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)						7,865,633
6 **Public support.** Subtract line 5 from line 4						86,673,584

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	17,026,848	20,631,474	18,252,281	18,004,324	20,624,290	94,539,217
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	277,790	84,997	724,975	738,455	1,262,744	3,088,961
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	2,584	2,030	0	4,614
11 **Total support.** Add lines 7 through 10						97,632,792

12 Gross receipts from related activities, etc. (see instructions) **12** 1,291,053

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 88.78 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 91.02 %

16a **33 1/3% support test—2025.** 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 ☑

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** 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 ☐

b **10%-facts-and-circumstances test—2024.** 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 ☐

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 ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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

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

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

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

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2	Enter 0.85 of line 1.	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4	Enter greater of line 2 or line 3.	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation

SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) OTHER INCOME			2,584	2,030		4,614
Total	0	0	2,584	2,030	0	4,614

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number: 73-0589829

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		$ 3,883,811	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 610,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 566,166	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 457,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number
73-0589829

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

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

Name of organization: UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number: 73-0589829

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

(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

(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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	3,720,392	3,322,820	2,869,853	2,342,061	1,706,139
b Contributions	20,977	78,238	99,829	818,340	406,554
c Net investment earnings, gains, and losses	497,267	319,334	353,138	(290,548)	229,368
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,238,636	3,720,392	3,322,820	2,869,853	2,342,061

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

- a Board designated or quasi-endowment 66.17 %
- b Permanent endowment 33.83 %
- 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:

		Yes	No
(i) Unrelated organizations?	3a(i)	✓	
(ii) Related organizations?	3a(ii)		✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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	0	85,000		85,000
b Buildings	0	4,469,438	2,453,797	2,015,641
c Leasehold improvements	0	0	0	0
d Equipment	0	988,475	791,617	196,858
e Other	0	290,794	263,075	27,719
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,325,218

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	4,238,635
(2) ROU ASSET	34,597
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	4,273,232

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) LEASE LIABILITIES	34,597
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	34,597

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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.

SEE STATEMENT

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	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 2025. 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.

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL OKLAHOMA INC

Employer identification number
73-0589829

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 THE HOLE SHEBANG (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	47,190			47,190
	2 Less: Contributions	36,440			36,440
	3 Gross income (line 1 minus line 2)	10,750	0	0	10,750
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	125			125
	6 Rent/facility costs	4,965			4,965
	7 Food and beverages	560			560
	8 Entertainment				0
	9 Other direct expenses	10,793			10,793
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,443
	11 Net income summary. Subtract line 10 from line 3, column (d)				(5,693)

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ 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:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) (SEE STATEMENT)	73-1116884	501(C)(3)	100,703				PARTNER AGENCY ALLOCATION
(2) (SEE STATEMENT)	73-0960311	501(C)(3)	49,433				PARTNER AGENCY ALLOCATION
(3) BETHESDA 1181 E MAIN STREET, NORMAN, OK 73071	73-1170216	501(C)(3)	69,950				PARTNER AGENCY ALLOCATION
(4) BIG BROTHERS BIG SISTERS 1306 S DENVER AVE, TULSA, OK 74119	73-1226237	501(C)(3)	179,000				PARTNER AGENCY ALLOCATION
(5) (SEE STATEMENT)	73-0580263	501(C)(3)	447,350				PARTNER AGENCY ALLOCATION
(6) BOYS & GIRLS CLUB OF OK COUNTY PO BOX 18701, OKLAHOMA CITY, OK 73154	73-1472202	501(C)(3)	254,100				PARTNER AGENCY ALLOCATION
(7) C.A.R.T. HOUSE PO BOX 1424, EL RENO, OK 73036	73-1382210	501(C)(3)	26,000				PARTNER AGENCY ALLOCATION
(8) (SEE STATEMENT)	73-1561707	501(C)(3)	92,500				PARTNER AGENCY ALLOCATION
(9) CANADIAN COUNTY 4H FOUNDATION PO BOX 519, EL RENO, OK 73036	73-1535976	501(C)(3)	8,625				PARTNER AGENCY ALLOCATION
(10) CANADIAN COUNTY CASA, INC 7905 EAST HWY 66, EL RENO, OK 73036	47-0855453	501(C)(3)	20,250				PARTNER AGENCY ALLOCATION
(11) CARE CENTER 1405 N ASHTON PL, OKLAHOMA CITY, OK 73117	73-1393193	501(C)(3)	55,000				PARTNER AGENCY ALLOCATION
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 81

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) CASA FOR KIDS 315 W 6TH AVE #205, STILLWATER, OK 74074	73-1396936	501(C)(3)	18,000				PARTNER AGENCY ALLOCATION
(13) CASA OF OKLAHOMA COUNTY 1608 NW EXPRESSWAY, SUITE 101, OKLAHOMA CITY, OK 73118	13-4364692	501(C)(3)	118,100				PARTNER AGENCY ALLOCATION
(14) CATHOLIC CHARITIES OF THE ARCH DIOCESE 1232 N CLASSEN BLVD, OKLAHOMA CITY, OK 73106	73-0636561	501(C)(3)	324,345				PARTNER AGENCY ALLOCATION
(15) CENTER OF FAMILY LOVE PO BOX 245, OKARCHE, OK 73762	73-1130455	501(C)(3)	38,000				PARTNER AGENCY ALLOCATION
(16) CENTRAL OKLAHOMA CAMP & CONFERENCE 1 TWIN CEDER LANE, GUTHRIE, OK 73044	73-0735290	501(C)(3)	12,500				PARTNER AGENCY ALLOCATION
(17) CITIZENS CARING FOR CHILDREN 730 W WILSHIRE BLVD, SUITE 112, OKLAHOMA CITY, OK 73116	73-1230194	501(C)(3)	117,000				PARTNER AGENCY ALLOCATION
(18) CITY CARE 701 N LINDSAY AVE, OKLAHOMA CITY, OK 73104	73-1497381	501(C)(3)	60,984				PARTNER AGENCY ALLOCATION
(19) CITY CARE 701 N LINDSAY AVE, OKLAHOMA CITY, OK 73104	73-1497381	501(C)(3)	5,000				STUSSI FINANCIAL AWARD
(20) COMMUNITY LITERACY CENTERS 4 NE 10TH STREET, SUITE 263, OKLAHOMA CITY, OK 73104	73-1299581	501(C)(3)	85,000				PARTNER AGENCY ALLOCATION
(21) COMPASSIONATE SHARING, INC. 4 N 6TH STREET, YUKON, OK 73099	73-1453921	501(C)(3)	32,000				PARTNER AGENCY ALLOCATION
(22) DAILY LIVING CENTER PO BOX 608, BETHANY, OK 73008	73-1030757	501(C)(3)	236,988				PARTNER AGENCY ALLOCATION
(23) DALE ROGERS TRAINING CENTER 2501 N UTAH AVENUE, OKLAHOMA CITY, OK 73107	73-0665454	501(C)(3)	143,125				PARTNER AGENCY ALLOCATION
(24) DENTIST FOR THE DISABLED 3000 UNITED FOUNDERS BLVD, SUITE 116, OKLAHOMA CITY, OK 73112	73-1325324	501(C)(3)	83,500				PARTNER AGENCY ALLOCATION
(25) EL RENO BLESSING BASKETS, INC. PO BOX 55, EL RENO, OK 73036	01-0748848	501(C)(3)	41,500				PARTNER AGENCY ALLOCATION
(26) EMPLOYMENT AND RESTORATION CENTER (EARC) 10 E 9TH ST, EDMOND, OK 73034	73-1100113	501(C)(3)	73,900				PARTNER AGENCY ALLOCATION
(27) EMPOWER: STRATEGIC SOLUTIONS FOR NONPROFITS 1232 N CLASSEN BOULEVARD, OKLAHOMA CITY, OK 73106	73-1478718	501(C)(3)	22,500				COMMUNITY IMPACT GRANT
(28) GIRL SCOUTS WESTERN OKLAHOMA 121 NE 50TH ST, OKLAHOMA CITY, OK 73105	73-0677849	501(C)(3)	288,850				PARTNER AGENCY ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) GOD'S FOOD BANK PO BOX 114, GUTHRIE, OK 73044	73-1590770	501(C)(3)	68,148				PARTNER AGENCY ALLOCATION
(30) HEALTH ALLIANCE FOR THE UNINSURED 3000 UNITED FOUNDERS BLVD, SUITE 219, OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	99,500				PARTNER AGENCY ALLOCATION
(31) HEARTLINE PO BOX 12832, OKLAHOMA CITY, OK 73157	73-0800311	501(C)(3)	228,509				PARTNER AGENCY ALLOCATION
(32) HOMELESS ALLIANCE 1724 NW 4TH STREET, OKLAHOMA CITY, OK 73106	11-3718005	501(C)(3)	154,160				PARTNER AGENCY ALLOCATION
(33) INTEGRIS HOSPICE OF OKLAHOMA COUNTY 3001 QUAIL SPRINGS PARKWAY, OKLAHOMA CITY, OK 73134	73-1369586	501(C)(3)	143,000				PARTNER AGENCY ALLOCATION
(34) INTERVENTION & CRISIS ADVOCACY NETWORK (ICAN!) PO BOX 1539, CHICKASHA, OK 73023	73-1147385	501(C)(3)	20,120				PARTNER AGENCY ALLOCATION
(35) JOHN W. KEYS SPEECH & HEARING CENTER 1200 N STONEWALL AVENUE, OKLAHOMA CITY, OK 73117	73-1464435	501(C)(3)	41,618				PARTNER AGENCY ALLOCATION
(36) LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH STREET, OKLAHOMA CITY, OK 73109	73-1424239	501(C)(3)	177,451				PARTNER AGENCY ALLOCATION
(37) LEGAL AID SERVICES OF OK 3800 N CLASSEN BLVD, SUITE 230, OKLAHOMA CITY, OK 73118	73-1022203	501(C)(3)	121,668				PARTNER AGENCY ALLOCATION
(38) LOGAN COMMUNITY SERVICES PO BOX 1558, GUTHRIE, OK 73044	73-1077474	501(C)(3)	39,000				PARTNER AGENCY ALLOCATION
(39) LOGAN COUNTY COUNCIL ON AGING 1102 E WARNER AVENUE, GUTHRIE, OK 73044	73-1282737	501(C)(3)	28,000				PARTNER AGENCY ALLOCATION
(40) LILYFIELD 501 E 15TH STREET, SUITE #400A, EDMOND, OK 73013	73-1597486	501(C)(3)	150,000				WAYFINDER FUNDING
(41) MENTAL HEALTH ASSOCIATION OKLAHOMA 5330 E 31ST ST, TULSA, OK 74135	73-0657931	501(C)(3)	99,500				PARTNER AGENCY ALLOCATION
(42) MENTAL HEALTH ASSOCIATION OKLAHOMA 5330 E 31ST ST, TULSA, OK 74135	73-0657931	501(C)(3)	56,250				COMMUNITY IMPACT GRANT
(43) METROPOLITAN BETTER LIVING CENTER PO BOX 36119, OKLAHOMA CITY, OK 73136	73-1377127	501(C)(3)	131,000				PARTNER AGENCY ALLOCATION
(44) MOORE YOUTH AND FAMILY SERVICES 624 NW 5TH STREET, MOORE , OK 73160	73-0977144	501(C)(3)	86,250				PARTNER AGENCY ALLOCATION
(45) NEIGHBORHOOD HOPE DEALERS 1916 E PERKINS, GUTHRIE, OK 73044	84-5034996	501(C)(3)	10,000				PARTNER AGENCY ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) NEIGHBORHOOD SERVICES ORGANIZATION 431 SW 11TH STREET, OKLAHOMA CITY, OK 73109	73-0785944	501(C)(3)	381,131				PARTNER AGENCY ALLOCATION
(47) NEWVIEW OKLAHOMA 501 N DOUGLAS AVENUE, OKLAHOMA CITY, OK 73106	73-0592386	501(C)(3)	105,000				PARTNER AGENCY ALLOCATION
(48) NORTH OKLAHOMA COUNTY MENTAL HEALTH CENTER/NORTHCARE 2617 GENERAL PERSHING BLVD, OKLAHOMA CITY, OK 73107	73-1134098	501(C)(3)	314,500				PARTNER AGENCY ALLOCATION
(49) NORTH OKLAHOMA COUNTY MENTAL HEALTH CENTER/NORTHCARE 2617 GENERAL PERSHING BLVD, OKLAHOMA CITY, OK 73107	73-1134098	501(C)(3)	5,000				WHARTON FAMILY MENTAL HEALTH AWARD
(50) OKLAHOMA FOUNDATION FOR THE DISABLED 8421 N WALKER AVENUE, OKLAHOMA CITY, OK 73114	73-0708241	501(C)(3)	234,125				PARTNER AGENCY ALLOCATION
(51) OKLAHOMA MEDICAL RESEARCH FOUDATION (OMRF) 825 NE 13TH STREET, OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	89,750				PARTNER AGENCY ALLOCATION
(52) OKLAHOMA UNITED METHODIST CIRCLE OF CARE 1501 NW 24TH STEET, SUITE 214, OKLAHOMA CITY, OK 73106	73-0975224	501(C)(3)	50,000				PARTNER AGENCY ALLOCATION
(53) PIVOT 201 NE 50TH STREET, OKLAHOMA CITY, OK 73105	73-0940217	501(C)(3)	150,895				PARTNER AGENCY ALLOCATION
(54) POSITIVE TOMORROWS PO BOX 61190, OKLAHOMA CITY, OK 73146	73-1393438	501(C)(3)	262,500				PARTNER AGENCY ALLOCATION
(55) POSSIBILITIES, INC PO BOX 60254, OKLAHOMA CITY, OK 73146	73-1544249	501(C)(3)	13,118				PARTNER AGENCY ALLOCATION
(56) REMERGE 823 N VILLA AVENUE, OKLAHOMA CITY, OK 73107	46-4504748	501(C)(3)	64,813				PARTNER AGENCY ALLOCATION
(57) RETIRED SENIOR VOLUNTEER PROGRAM OF OK COUNTY (RSVP) 730 W WILSHIRE BLVD STE 104, OKLAHOMA CITY, OK 73116	73-1076184	501(C)(3)	29,461				PARTNER AGENCY ALLOCATION
(58) RUSSELL MURRAY HOSPICE, INC. 2001 PARKVIEW DRIVE, EL RENO, OK 73036	73-1333173	501(C)(3)	34,841				PARTNER AGENCY ALLOCATION
(59) THE SALVATION ARMY 6601 N BROADWAY EXTENSION SUITE 300, OKLAHOMA CITY, OK 73116	73-0579266	501(C)(3)	954,117				PARTNER AGENCY ALLOCATION
(60) THE SAVILLE CENTER 1523 W 9TH AVENUE, STILLWATER, OK 74074	73-1546193	501(C)(3)	10,000				PARTNER AGENCY ALLOCATION
(61) SKYLINE URBAN MINISTRY 500 SE 15TH STREET, OKLAHOMA CITY, OK 73129	23-7396786	501(C)(3)	80,000				PARTNER AGENCY ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(62) SPECIAL CARE 12201 N WESTERN AVENUE, OKLAHOMA CITY, OK 73114	73-1227079	501(C)(3)	454,463				PARTNER AGENCY ALLOCATION
(63) SUNBEAM FAMILY SERVICES 1100 NW 14TH STREET, OKLAHOMA CITY, OK 73106	73-0590119	501(C)(3)	912,124				PARTNER AGENCY ALLOCATION
(64) SUNBEAM FAMILY SERVICES 1100 NW 14TH STREET, OKLAHOMA CITY, OK 73106	73-0590119	501(C)(3)	5,000				STUSSI FINANCIAL AWARD
(65) THE EDUCATION & EMPLOYMENT MINISTRY 1501 N CLASSEN BLVD, OKLAHOMA CITY, OK 73106	73-1296882	501(C)(3)	80,860				PARTNER AGENCY ALLOCATION
(66) TINKER AFB YOUTH COUNCIL 4460 MCNARNEY AVENUE BUILDING 5520, TINKER AFB, OK 73145	73-0710206	501(C)(3)	33,000				PARTNER AGENCY ALLOCATION
(67) UPWARD TRANSITIONS 1134 W MAIN STREET, OKLAHOMA CITY, OK 73106	73-0590277	501(C)(3)	375,000				PARTNER AGENCY ALLOCATION
(68) UPWARD TRANSITIONS 1134 W MAIN STREET, OKLAHOMA CITY, OK 73106	73-0590277	501(C)(3)	58,960				WAYFINDER FUNDING
(69) URBAN LEAGUE OF GREATER OKC 3900 N MARTIN LUTHER KING AVENUE, OKLAHOMA CITY, OK 73111	73-0590037	501(C)(3)	424,583				PARTNER AGENCY ALLOCATION
(70) VARIETY CARE 3000 N GRAND BLVD, OKLAHOMA CITY, OK 73107	73-1088577	501(C)(3)	598,787				PARTNER AGENCY ALLOCATION
(71) WINGS SPECIAL NEEDS ADULT COMMUNITY PO BOX 2095, EDMOND, OK 73083	20-1141382	501(C)(3)	20,681				PARTNER AGENCY ALLOCATION
(72) YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY AVENUE, SUITE 500, OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	93,000				PARTNER AGENCY ALLOCATION
(73) YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY AVENUE, SUITE 500, OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	105,000				SIEMER GRANT
(74) YOUTH AND FAMILY SERVICES, INC. PO BOX 1207, EL RENO, OK 73036	73-0970667	501(C)(3)	95,112				PARTNER AGENCY ALLOCATION
(75) YWCA 2460 NW 39TH STREET, OKLAHOMA CITY, OK 73112	73-0579272	501(C)(3)	933,850				PARTNER AGENCY ALLOCATION
(76) ALLIED ARTS FOUNDATION 1015 N BROADWAY AVENUE, SUITE 200, OKLAHOMA CITY, OK 73102	73-0804291	501(C)(3)	82,827				FEDERATED CAMPAIGN DESIGNATION
(77) CREATING HEALTHIER COMMUNITIES 1199 NORTH FAIRFAX STREET 600, ALEXANDRIA, VA 22314	73-1337456	501(C)(3)	155,855				FEDERATED CAMPAIGN DESIGNATION
(78) REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968, OKLAHOMA CITY, OK 73137	73-1100380	501(C)(3)	83,796				FEDERATED CAMPAIGN DESIGNATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(79) UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH STREET, OKLAHOMA CITY, OK 73106	73-0589829	501(C)(3)	176,040				FEDERATED CAMPAIGN DESIGNATION
(80) ALLIED ARTS FOUNDATION 1015 N BROADWAY AVENUE, SUITE 200, OKLAHOMA CITY, OK 73102	73-0804291	501(C)(3)	16,281				FEDERATED CAMPAIGN DESIGNATION
(81) AMERICA'S CHARITIES 14200 PARK MEADOW DRIVE SUITE 3305, CHANTILLY, VA 20151	54-1517707	501(C)(3)	6,160				FEDERATED CAMPAIGN DESIGNATION
(82) CREATING HEALTHIER COMMUNITIES 1199 NORTH FAIRFAX STREET 600, ALEXANDRIA, VA 22314	73-1337456	501(C)(3)	52,729				FEDERATED CAMPAIGN DESIGNATION
(83) UNITED WAY OF EASTERN FRONTIER COUNTRY PO BOX 697, SHAWNEE, OK 74802	73-0732745	501(C)(3)	5,800				FEDERATED CAMPAIGN DESIGNATION
(84) REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968, OKLAHOMA CITY, OK 73137	73-1100380	501(C)(3)	55,333				FEDERATED CAMPAIGN DESIGNATION
(85) UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH STREET, OKLAHOMA CITY, OK 73106	73-0589829	501(C)(3)	104,890				FEDERATED CAMPAIGN DESIGNATION
(86) UNITED WAY OF NORMAN 570 24TH AVENUE NW, SUITE 110, NORMAN, OK 73069	73-0668684	501(C)(3)	18,527				FEDERATED CAMPAIGN DESIGNATION
(87) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OKLAHOMA CITY INC. 1232 N CLASSEN BLVD, OKLAHOMA CITY, OK 73106	73-0636561	501(C)(3)	22,242				FEDERATED CAMPAIGN DESIGNATION
(88) DALE ROGERS TRAINING CENTER 2501 N UTAH AVENUE, OKLAHOMA CITY, OK 73107	73-0665454	501(C)(3)	5,688				FEDERATED CAMPAIGN DESIGNATION
(89) HOMELESS ALLIANCE 1724 NW 4TH STREET, OKLAHOMA CITY, OK 73106	11-3718005	501(C)(3)	7,872				FEDERATED CAMPAIGN DESIGNATION
(90) POSITIVE TOMORROWS PO BOX 61190, OKLAHOMA CITY, OK 73146	73-1393438	501(C)(3)	7,788				FEDERATED CAMPAIGN DESIGNATION
(91) CARE CENTER 1405 N ASHTON PL, OKLAHOMA CITY, OK 73117	73-1393193	501(C)(3)	100,500				DONOR DIRECTED DESIGNATION
(92) CITY CARE 6001 N CLASSEN BLVD BLDG 5, OKLAHOMA CITY, OK 73118	73-1497381	501(C)(3)	150,000				DONOR DIRECTED DESIGNATION
(93) OKLAHOMA MEDICAL RESEARCH FOUDATION (OMRF) 825 NE 13TH STREET, OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	200,000				DONOR DIRECTED DESIGNATION
(94) REMERGE 823 N VILLA AVENUE, OKLAHOMA CITY, OK 73107	46-4504748	501(C)(3)	100,000				DONOR DIRECTED DESIGNATION
(95) SPECIAL CARE 12201 N WESTERN AVENUE, OKLAHOMA CITY, OK 73114	73-1227079	501(C)(3)	3,005,250				DONOR DIRECTED DESIGNATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(96) SUNBEAM FAMILY SERVICES 1100 NW 14TH STREET, OKLAHOMA CITY, OK 73106	73-0590119	501(C)(3)	80,000				DONOR DIRECTED DESIGNATION
(97) UPWARD TRANSITIONS 1134 W MAIN STREET, OKLAHOMA CITY, OK 73106	73-0590277	501(C)(3)	100,000				DONOR DIRECTED DESIGNATION
(98) URBAN LEAGUE OF GREATER OKC 3900 N MARTIN LUTHER KING AVENUE, OKLAHOMA CITY, OK 73111	73-0590037	501(C)(3)	11,500				DONOR DIRECTED DESIGNATION
(99) GOD'S FOOD BANK PO BOX 114, GUTHRIE, OK 73044	73-1590770	501(C)(3)	16,880				FOOD DRIVE GRANT
(100) SKYLINE URBAN MINISTRY 500 SE 15TH STREET, OKLAHOMA CITY, OK 73129	23-7396786	501(C)(3)	42,518				FOOD DRIVE GRANT
(101) THE SALVATION ARMY 6601 N BROADWAY EXTENSION SUITE 300, OKLAHOMA CITY, OK 73116	73-0579266	501(C)(3)	15,047				FOOD DRIVE GRANT
(102) OKLAHOMA CITY PUBLIC SCHOOLS 431 W MAIN STREET SUITE E, OKLAHOMA CITY, OK 73102	73-6021175	501(C)(3)	96,000				EMBRACE OKC
(103) 3RD MILLENNIUM CLASSROOMS 15900 LA CANTERA PARKWAY SUITE 20265, SAN ANTONIO, TX 78256	84-1520147	501(C)(3)	35,200				EMBRACEOKC
(104) CHARACTERSTRONG LLC 1402 LAKE TAPPS PKWY SE STE F104 #128, AUBURN, WA 98092	81-4174372	501(C)(3)	195,102				EMBRACEOKC
(105) ZLABS INC. 1500 COLESVILLE ROAD, BETHLEHEM, PA 18015	27-4214406	501(C)(3)	30,600				EMBRACEOKC
(106) NATIONAL HEALTH PROMOTION ASSOCIATES, INC 711 WESTCHESTER AVE, SUITE 303, WHITE PLAINS 10604	13-3293929	501(C)(3)	31,950				EMBRACEOKC

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
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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: 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. 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.
SCHEDULE I, PART II, LINE 1 - GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND GOVERNMENTS	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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A CHANCE TO CHANGE 2113 W BRITTON ROAD, OKLAHOMA CITY, OK 73120
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AREAWIDE AGING AGENCY 4101 PERIMETER CENTER DRIVE, SUITE 310, OKLAHOMA CITY, OK 73112
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOY SCOUTS OF AMERICA, LAST FRONTIER COUNCIL 3031 NW 64TH STREET, OKLAHOMA CITY, OK 73116
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CALM WATERS CENTER FOR CHILDREN & FAMILIES, INC 501 N WALKER AVENUE, SUITE 140, OKLAHOMA CITY, OK 73102

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
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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. ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✓
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✓
b	Any related organization?	6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	✓	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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)	206,620	6,000	0	9,575	10,293	232,488	0
		(ii)	0	0	0	0	0	0	0
2	NINA DAYLOR COO	(i)	139,504	0	0	6,600	23,677	169,781	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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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	✓		71,974	MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✓	7	420,619	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 (EVENT SUPPLIES)	✓	27	54,163	MARKET VALUE
26	Other (CAMPAIGN PRIZES)	✓	1	8,045	MARKET VALUE
27	Other (IT EQUIPMENT)	✓	1	2,000	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 in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✓
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?	31	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	✓	
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 M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	DURING THE YEAR, THE ORGANIZATION UTILIZED AN INDEPENDENT AUCTION COMPANY TO SELL CERTAIN VEHICLES THAT HAD BEEN DONATED IN PRIOR YEARS.

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	UNITED WAY OF CENTRAL OKLAHOMA IS A CHARITABLE ORGANIZATION WITH A VISION TO BUILD A STRONGER, HEALTHIER, AND MORE COMPASIONATE COMMUNITY. WHEN YOU GIVE TO UNITED WAY OF CENTRAL OKLAHOMA, YOU'RE NOT JUST SUPPORTING PROGRAMS, YOU'RE STRENGTHENING AN ENTIRE SYSTEM THAT WORKS TOGETHER TO CREATE LASTING CHANGE. YOU'RE HELPING ENSURE THAT WHEN SOMEONE ASKS FOR HELP, THE ANSWER IS NEVER JUST ONE DOOR, BUT A PATHWAY FORWARD. BECAUSE WHEN RESOURCES COME TOGETHER, LIVES CHANGES. AND IT ALL STARTS WITH ONE CONNECTION. UNITED WAY OF CENTRAL OKLAHOMA IS THE FIRST STEP, WITH OVER 100 YEARS OF EXPERIENCE CONNECTING COMMUNITY RESOURCES WITH RESPONSIVE AND ACCOUNTABLE HEALTH AND HUMAN SERVICE AGENCIES. OUR CIRCLE OF SUPPORT INCLUDES 134 HEALTH AND HUMAN SERVICES PROGRAMS AT 69 LOCALLY FOCUSED PARTNER AGENCIES DEVOTED TO ADDRESSING THE COMMUNITY'S MOST PRESSING NEEDS. BY MAKING ONE DONATION TODAY, YOU HELP CREATE LASTING CHANGE FOR GENERATIONS TO COME. 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 AND OFFERING VOLUNTEER OPPORTUNITIES FOR CORPORATIONS TO SUPPORT SERVICE AGENCIES. AS A PART OF THE ANNUAL CAMPAIGN INITIATIVE. UNITED WAY OF CENTRAL OKLAHOMA ALSO MANAGES STATE AND MUNICIPAL EMPLOYEE WORKPLACE CAMPAIGNS. 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. 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 CREATIVE IDEAS THAT ADDRESS CHALLENGES WITHIN UNITED WAY OF CENTRAL OKLAHOMA'S FOUR FOCUS AREAS: HEALTHY COMMUNITY, YOUTH OPPORTUNITY, FINANCIAL SECURITY, AND COMMUNITY RESILIENCY 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. 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 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. 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 GOVERANCE, 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

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
	PLACEMENT CEREMONY IS CONDUCTED IN SEPTEMBER. PLACEMENTS ARE BASED ON BOARD NEEDS AND THE SPECIFIC TALENTS AND INTERESTS OF THE PARTICIPANTS. BOARD SERVE SESSIONS HAPPEN EVERY OTHER YEAR, AND IN 2025 THERE WERE 32 PROGRAM GRADUATES. TO DATE, THE BOARD SERVE CENTRAL OKLAHOMA PROGRAM HAS GRADUATED 215 CANDIDATES.
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 2025.
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 3, 2025. 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 AND/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 3, 2025. 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 AND/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 VISITING THE ORGANIZATION'S WEBSITE AT WWW.UNITEDWAYOKC.ORG OR 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.

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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN BENEFICIAL INTEREST	- 258,745
TOTAL	**- 258,745**

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	221,626	0	UWCO
(3) UNITED WAY OF CANADIAN COUNTY, LLC (30-0092336) 1444 N.W. 28TH STREET, OKLAHOMA CITY, OK 73106	FUNDRAISING	OK	360,021	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	(g) Section 512(b)(13) controlled entity? 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? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(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	(i) Section 512(b)(13) controlled entity? 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.

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
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.