

PUBLIC DISCLOSURE COPY



June 18, 2024

Ms. Alison Anthony
Tulsa Area United Way
1430 South Boulder
Tulsa, OK 74119

Ms. Alison Anthony:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 Oklahoma Form 512E

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The return was prepared from the information provided by you. As we did not independently verify the data, we suggest that you review the return carefully to be certain there are no omissions or misstatements of material facts.

Instructions covering the signing and filing of each return are attached to your copy of the return.

In the event the return is selected for audit, requests may be made for supporting documentation. As our workpapers contain only a summary of underlying information, all pertinent records should be retained for at least six years.

Thank you for giving us the opportunity to serve you. We appreciate your business and the confidence you place in us. Please contact us if we can be of further assistance.

Sincerely,

Megan Courtney

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Ms. Alison Anthony
Tulsa Area United Way
1430 South Boulder
Tulsa, OK 74119

Prepared By:

HoganTaylor, LLP
2222 S. Utica Place, Suite 200
Tulsa, OK 74114-7002

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

TULSA AREA UNITED WAY
1430 SOUTH BOULDER
TULSA, OK 74119

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



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

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. TULSA AREA UNITED WAY	Taxpayer identification number (TIN) 73-0580283
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1430 SOUTH BOULDER	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74119	

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

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

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

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

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of **CARLA MEYER**
1430 SOUTH BOULDER - TULSA, OK 74119

Telephone No. **918-583-7171** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Return of Organization Exempt From Income Tax

Form 990

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: TULSA AREA UNITED WAY
D Employer identification number: 73-0580283
E Telephone number: 918-583-7171
G Gross receipts \$: 26,770,367.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.TAUW.ORG
K Form of organization:
L Year of formation: 1924
M State of legal domicile: OK

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances...

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: ALISON ANTHONY, PRESIDENT AND CEO
Paid Preparer: MEGAN COURTNEY, HOGANTAYLOR LLP
Firm's name: HOGANTAYLOR LLP
Firm's address: 2222 SOUTH UTICA PL, SUITE 200 TULSA, OK 74114

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE TULSA AREA UNITED WAY UNITES PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,078,723. including grants of \$ 7,916,063.) (Revenue \$) HEALTH/SAFETY: OKLAHOMA'S HEALTH STATUS INDICATORS ARE AMONG THE WORST IN THE NATION. THE STATE HAS A HIGH PREVALENCE OF CARDIOVASCULAR DISEASE, DIABETES, OBESITY, STROKE, LOWER RESPIRATORY DISEASE, ADDICTION, TEEN PREGNANCY AND INFANT MORTALITY. THE STATE RANKS POORLY IN PREVENTABLE HOSPITALIZATIONS DUE TO A LACK OF HEALTHCARE ACCESS AND HEALTH INSURANCE. TULSA AREA UNITED WAY INVESTS IN SOCIAL SERVICE AGENCIES AND HEALTHCARE PROVIDERS THAT WORK TO IMPROVE THESE INDICATORS THROUGH DIRECT SERVICE TO CLIENTS AND EDUCATIONS PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES. TULSA AREA UNITED WAY SUPPORTS PROGRAMS THAT PROVIDE SERVICES FOR PHYSICAL HEALTH, MENTAL AND BEHAVIORAL HEALTH, INDIVIDUALS WITH DISABILITIES, DOMESTIC VIOLENCE AND CHILD ABUSE. IT ALSO SUPPORTS AGENCIES THAT PROVIDE SAFETY AND DISASTER RESPONSE

4b (Code:) (Expenses \$ 5,636,318. including grants of \$ 5,522,834.) (Revenue \$) EDUCATION: THE NUMBER ONE RESOURCE FOR ANY CITY IS AN EDUCATED POPULATION. CITIES THAT INVEST IN EDUCATION ARE BETTER EQUIPPED TO DRIVE SUSTAINABLE ECONOMIC GROWTH. TULSA AREA UNITED WAY SUPPORTS THE EDUCATION OF ITS CITIZENS THROUGH FORMAL AND INFORMAL EDUCATION OPPORTUNITIES FOR CHILDREN AND ADULTS AT ALL LEVELS OF ABILITY. IT INVESTS IN EARLY CHILDHOOD PROGRAMS THAT REMOVE EDUCATIONAL BARRIERS FOR VULNERABLE POPULATIONS, PRIMARY AND SECONDARY PROGRAMS THAT SUPPLEMENT CLASSROOM LEARNING AND INCREASE GRADUATION RATES, AND POST-SECONDARY INSTITUTIONS THAT PROVIDE ACCESS TO ALL OUTSIDE THE FORMAL CLASSROOM. TULSA AREA UNITED WAY INVESTS IN PROGRAMS THAT INCREASE LITERACY, EMPHASIZE EXCELLENCE, AND PROVIDE PATHWAYS TO ACHIEVEMENT FOR AT-RISK YOUTH.

4c (Code:) (Expenses \$ 5,072,686. including grants of \$ 4,970,551.) (Revenue \$) FINANCIAL STABILITY: STRESSFUL ECONOMIC CONDITIONS THAT INCREASE THE NUMBER OF PEOPLE FACING JOB LOSS, FOOD INSECURITY, NEAR OR FULL HOMELESSNESS, AND LEGAL CHALLENGES. TULSA AREA UNITED WAY FUNDS AGENCIES THAT PROVIDE BASIC NEEDS SUCH AS FOOD, CLOTHING, RENT, UTILITIES, AND SHELTER FOR INDIVIDUALS AND FAMILIES. TULSA AREA UNITED WAY INVESTS IN AGENCIES THAT PROVIDE JOB TRAINING AND PLACEMENT, FINANCIAL EDUCATION AND LEGAL AID SERVICES FOR UNDERREPRESENTED AND AT-RISK POPULATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,641,184. including grants of \$ 1,809,224.) (Revenue \$)

4e Total program service expenses 22,428,911.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 53		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 52		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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
CARLA MEYER - 918-583-7171
1430 SOUTH BOULDER, TULSA, OK 74119

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY, ALISON PRESIDENT AND CHIEF EXECUTIVE OFFICER	40.00	X		X				325,098.	0.	50,799.
(2) MEYER, CARLA CHIEF ADMINISTRATIVE OFFICER	40.00			X				166,008.	0.	37,694.
(3) SADLER, BRENT CHIEF ORG DEV AND TRANSFORMATION OFF	40.00					X		133,808.	0.	35,110.
(4) QUALLS, CYNTHIA CHIEF RESOURCE DEVELOPMENT OFFICER	40.00					X		131,222.	0.	18,602.
(5) MITCHELL, ANNIE VP OF COMMUNITY INVESTMENTS	40.00					X		102,311.	0.	25,087.
(6) KEITH, KAREN CHAIR	2.00	X		X				0.	0.	0.
(7) JOHNSON, KIMBERLY VICE-CHAIR	1.00	X		X				0.	0.	0.
(8) NEUMAIER, KARL CHAIR-ELECT	4.00	X						0.	0.	0.
(9) RATCLIFF, LARERONITA SECRETARY	1.00	X		X				0.	0.	0.
(10) MCLAUGHLIN, ROSS TREASURER	1.00	X		X				0.	0.	0.
(11) PETERSEN, FRAUKE ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(12) CAVANAH, KEVIN ETHICS OFFICER	1.00	X						0.	0.	0.
(13) AMBURGY, PAMELA DIRECTOR	2.00	X						0.	0.	0.
(14) BENNETT III, TOM DIRECTOR	1.00	X						0.	0.	0.
(15) BOGLE, MELISSA DIRECTOR	3.00	X						0.	0.	0.
(16) BRINGHAM, HEATH DIRECTOR	1.00	X						0.	0.	0.
(17) CARTER, GARY DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEVORE, ROBYN DIRECTOR	1.00	X						0.	0.	0.
(19) DORWART, ERICA DIRECTOR	1.00	X						0.	0.	0.
(20) DUPONT, MICHAEL DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.
(21) DUKES, EMILY DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.
(22) DYE, BEN DIRECTOR	2.00	X						0.	0.	0.
(23) GATES, CATHY DIRECTOR	2.00	X						0.	0.	0.
(24) GOODSON, LEIGH DIRECTOR	2.00	X						0.	0.	0.
(25) GRAHAM, MARK EX OFFICIO	1.00	X						0.	0.	0.
(26) GROBER, STEPHANIA DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								858,447.	0.	167,292.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								858,447.	0.	167,292.

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ES2 - TULSA HKS ENERGY SOLUTIONS, 10404 E 55TH PLACE, SUITE E, TULSA, OK 74146	HVAC SERVICE	162,294.
KEY PERSONNEL PO BOX 700747, TULSA, OK 74170	STAFFING	141,801.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HARDIN, TRACY DIRECTOR	1.00	X					0.	0.	0.	
(28) HARTZLER, KIRT DIRECTOR	1.00	X					0.	0.	0.	
(29) HAUSAM, NETTA DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(30) HAYNIE, RYAN DIRECTOR	1.00	X					0.	0.	0.	
(31) HONEL, LARRY DIRECTOR	1.00	X					0.	0.	0.	
(32) JACKSON, BETSY DIRECTOR	8.00	X					0.	0.	0.	
(33) JOHNSON, MACY DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(34) JONES, STEPHANIE DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(35) KIRK, MELINDA DIRECTOR	11.00	X					0.	0.	0.	
(36) LEHR, WARREN DIRECTOR	1.00	X					0.	0.	0.	
(37) MAGUFFEE, BRENDON DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(38) MATTHEWS, SEN. KEVIN DIRECTOR	1.00	X					0.	0.	0.	
(39) MILFORD, AARON DIRECTOR	1.00	X					0.	0.	0.	
(40) ODOM, JACOB DIRECTOR	2.00	X					0.	0.	0.	
(41) OLDHAM, BRANDON DIRECTOR	1.00	X					0.	0.	0.	
(42) PAYNE, JAMIE DIRECTOR	1.00	X					0.	0.	0.	
(43) PRICE-JOHANNSEN, JACKIE DIRECTOR	1.00	X					0.	0.	0.	
(44) REYES, KRYSTAL DIRECTOR	1.00	X					0.	0.	0.	
(45) RUIZ, YOBANA DIRECTOR	1.00	X					0.	0.	0.	
(46) SCHAUB, JOANN DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SHAW, LORI DIRECTOR	1.00	X						0.	0.	0.
(48) SIEGFRIED, BAILEY DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.
(49) SMITH, MARK DIRECTOR	1.00	X						0.	0.	0.
(50) STEPHEN, MARK DIRECTOR	1.00	X						0.	0.	0.
(51) STEPHENS, STANLEY DIRECTOR	1.00	X						0.	0.	0.
(52) STRAHLER, LEIGH ANNE DIRECTOR	1.00	X						0.	0.	0.
(53) TAYLOR, KATHY DIRECTOR	4.00	X						0.	0.	0.
(54) WALDEN, ALISON DIRECTOR	1.00	X						0.	0.	0.
(55) WARNER, BRYAN DIRECTOR	1.00	X						0.	0.	0.
(56) WHIGHAM, AARON DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.
(57) WILSON, LANE DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14,391.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,037,908.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 227,506.			
	h	Total. Add lines 1a-1f		26,052,299.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		447,594.		447,594.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
				39,782.			
	b	Less: cost or other basis and sales expenses	7b	28,858.			
	c	Gain or (loss)	7c	10,924.			
	d	Net gain or (loss)		10,924.		10,924.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	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	11 a	MISCELLANEOUS REVENUE	900099	190,482.		190,482.	
	b	EVENT REGISTRATION	900099	40,210.		40,210.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		230,692.			
12	Total revenue. See instructions		26,741,509.	0.	0.	689,210.	

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 ...	20,218,672.	20,218,672.		
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	579,600.	144,900.	144,900.	289,800.
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	1,950,716.	992,666.	429,245.	528,805.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,146.	68,209.	192,689.	48,248.
9 Other employee benefits	677,807.	125,581.	60,453.	491,773.
10 Payroll taxes	201,801.	69,485.	60,437.	71,879.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	46,654.		46,654.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,698.		9,698.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	949,050.	586,070.	100,666.	262,314.
12 Advertising and promotion	46,866.	13,995.	8,169.	24,702.
13 Office expenses	76,828.	10,046.	52,145.	14,637.
14 Information technology	94,155.	19,524.	49,307.	25,324.
15 Royalties				
16 Occupancy	163,066.	51,844.	45,741.	65,481.
17 Travel	24,488.	5,121.	15,000.	4,367.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	169,815.	16,335.	29,785.	123,695.
20 Interest				
21 Payments to affiliates	258,091.	61,942.	85,170.	110,979.
22 Depreciation, depletion, and amortization	95,495.	29,203.	24,435.	41,857.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	83,562.	1,149.	47,546.	34,867.
b SUBSCRIPTIONS	68,189.	12,469.	44,044.	11,676.
c EQUIPMENT SERVICE CONTR	9,318.	1,700.	4,543.	3,075.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	26,033,017.	22,428,911.	1,450,627.	2,153,479.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	624,455.	1	1,018,688.
	2 Savings and temporary cash investments	9,369,773.	2	8,730,376.
	3 Pledges and grants receivable, net	16,179,381.	3	16,328,926.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,770.	9	100,133.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,989,726.		
	b Less: accumulated depreciation	10b 3,185,739.		
	11 Investments - publicly traded securities	624,940.	10c	803,987.
	12 Investments - other securities. See Part IV, line 11	1,643,669.	11	1,894,743.
	13 Investments - program-related. See Part IV, line 11	9,519,850.	12	9,591,172.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,050,838.	15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,050,838.	16	38,468,025.	
Liabilities	17 Accounts payable and accrued expenses	179,519.	17	228,759.
	18 Grants payable	19,597,435.	18	19,057,050.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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		25	
	26 Total liabilities. Add lines 17 through 25	19,776,954.	26	19,285,809.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,883,801.	27	11,932,844.
	28 Net assets with donor restrictions	6,390,083.	28	7,249,372.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,273,884.	32	19,182,216.
	33 Total liabilities and net assets/fund balances	38,050,838.	33	38,468,025.

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	26,741,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,033,017.
3	Revenue less expenses. Subtract line 2 from line 1	3	708,492.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,273,884.
5	Net unrealized gains (losses) on investments	5	199,840.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,182,216.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 _____		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
--	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27002252.	25298659.	25738059.	25879135.	26052299.	129970404
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27002252.	25298659.	25738059.	25879135.	26052299.	129970404
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)						32761298.
6 Public support. Subtract line 5 from line 4.						97209106.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	27002252.	25298659.	25738059.	25879135.	26052299.	129970404
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293,274.	171,439.	74,935.	120,950.	447,594.	1108192.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	54,899.	63,879.	60,335.	88,912.	230,692.	498,717.
11 Total support. Add lines 7 through 10						131577313
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.88	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	74.36	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,767,209.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,515,868.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,667,683.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,641,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>2,261,831.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>625,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>744,976.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>555,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

(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)

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

2023

Open to Public Inspection

Name of the organization TULSA AREA UNITED WAY Employer identification number 73-0580283

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - 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	1,718,556.	2,137,741.	1,959,755.	1,726,783.	1,492,829.
b Contributions					
c Net investment earnings, gains, and losses	254,689.	-325,755.	262,678.	242,073.	309,450.
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	83,000.	74,000.		67,000.
f Administrative expenses	9,698.	10,430.	10,692.	9,101.	8,496.
g End of year balance	1,963,547.	1,718,556.	2,137,741.	1,959,755.	1,726,783.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 49.0700 %
 - b Permanent endowment 50.9300 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		146,587.		146,587.
b Buildings		3,461,489.	2,847,355.	614,134.
c Leasehold improvements				
d Equipment		356,178.	315,692.	40,486.
e Other		25,472.	22,692.	2,780.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				803,987.

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) CERTIFICATES OF DEPOSIT	9,522,368.	END-OF-YEAR MARKET VALUE
(B) CASH MANAGEMENT FUND	68,804.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	9,591,172.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,290,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	199,840.
b	Donated services and use of facilities	2b	98,503.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	298,343.
3	Subtract line 2e from line 1	3	25,992,204.
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	9,698.
b	Other (Describe in Part XIII.)	4b	739,607.
c	Add lines 4a and 4b	4c	749,305.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,741,509.

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	25,382,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	98,503.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	98,503.
3	Subtract line 2e from line 1	3	25,283,712.
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	9,698.
b	Other (Describe in Part XIII.)	4b	739,607.
c	Add lines 4a and 4b	4c	749,305.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,033,017.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE AVAILABLE FOR UNRESTRICTED USE BASED ON OUR ENDOWMENT SPENDING POLICY. THE PERMANENTLY RESTRICTED ENDOWMENT DOES NOT ALLOW SPENDING FROM THE ORIGINAL PRINCIPAL AMOUNT, \$1,000,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER CHARITIES 739,607.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER CHARITIES 739,607.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **TULSA AREA UNITED WAY** Employer identification number **73-0580283**

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
A NEW LEAF 2306 S. 1ST PLACE TULSA, OK 74012	73-1042760	501C3	523,275.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
ABILITY RESOURCES 823 S. DETROIT, STE 110 TULSA, OK 74120	73-1000572	501C3	146,345.	0.			HEALTH & SAFETY
AMERICAN RED CROSS TULSA AREA CHAPTER - 10151 E 11TH STREET - TULSA, OK 74128	73-0579223	501C3	451,250.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
BIG BROTHERS BIG SISTERS OF OKLAHOMA - 1306 S. DENVER AVE - TULSA, OK 74119	73-1226237	501C3	277,790.	0.			EDUCATION
BOY SCOUTS OF AMERICA (INDIAN NATIONS COUNCIL) - 4295 S. GARNETT ROAD - TULSA, OK 74146	73-0579230	501C3	464,501.	0.			EDUCATION
BRISTOW SOCIAL SERVICES 1705 S. CHESTNUT BRISTOW, OK 74010	73-1345471	501C3	97,580.	0.			FINANCIAL STABILITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 71.
- 3 Enter total number of other organizations listed in the line 1 table _____

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN ARROW NEIGHBORS 315 W. COLLEGE BROKEN ARROW, OK 74012	73-1195548	501C3	80,192.	0.			FINANCIAL STABILITY
BROKEN ARROW SENIORS, INC. 1800 S. MAIN ST BROKEN ARROW, OK 74012	73-1325797	501C3	41,843.	0.			HEALTH & SAFETY
CAMP FIRE USA GREEN COUNTRY COUNCIL, INC. - 706 S. BOSTON AVE - TULSA, OK 74119	73-0579231	501C3	322,894.	0.			EDUCATION
CARING COMMUNITY FRIENDS, INC. OF SAPULPA - PO BOX 1524 - SAPULPA, OK 74067	73-1429214	501C3	70,000.	0.			FINANCIAL STABILITY
CENTER FOR EMPLOYMENT OPPORTUNITIES - 321 S BOSTON AVE, SUITE 300 - TULSA, OK 74103	13-3843322	501C3	150,000.	0.			FINANCIAL STABILITY
CHILD ADVOCACY NETWORK 2829 S. SHERIDAN ROAD TULSA, OK 74129	73-1325326	501C3	249,000.	0.			HEALTH & SAFETY
COMMUNITY ACTION PROJECT OF TULSA COUNTY - 5330 E. 31ST STREET, SUITE 300 - TULSA, OK 74135	73-1019247	501C3	637,531.	0.			FINANCIAL STABILITY, EDUCATION, SIEMER
CITY YEAR 15 E 5TH ST TULSA, OK 74103	22-2882549	501C3	150,000.	0.			EDUCATION
CREEK COUNTY LITERACY PROGRAM 15 N. POPLAR SAPULPA, OK 74066	73-1376512	501C3	33,055.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS, INC. 3500 S. PEORIA TULSA, OK 74105	73-1447897	501C3	33,333.	0.			HEALTH & SAFETY
CROSSTOWN LEARNING CENTER 2501 E ARCHER STREET TULSA, OK 74110	73-0782748	501C3	175,000.	0.			EDUCATION
DOMESTIC VIOLENCE INTERVENTION SERVICES - 3124 E. APACHE ST. - TULSA, OK 74110	73-1028332	501C3	931,425.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
DOMESTIC VIOLENCE INTERVENTION SERVICES SAPULPA COUNTY FAMILY RESOURCE CENTER - 3124 E. APACHE ST. - TULSA, OK 74110	73-1028332	501C3	65,500.	0.			CAPACITY BUILDING
FAMILY & CHILDREN'S SERVICES 650 S. PEORIA AVE TULSA, OK 74120	73-0580270	501C3	1,192,968.	0.			HEALTH & SAFETY, EDUCATION, COMMUNITY COLLABORATION GRANT IN SUPPORT OF COMMUNITY
GIRL SCOUTS OF EASTERN OKLAHOMA 4810 S. 129TH E AVE. TULSA, OK 74134	73-0579240	501C3	351,135.	0.			EDUCATION
GLOBAL GARDENS PO BOX 52034 TULSA, OK 74152	20-5717276	501C3	68,120.	0.			EDUCATION
GOODWILL INDUSTRIES OF TULSA 2800 SOUTHWEST BLVD TULSA, OK 74107	73-0614297	501C3	651,351.	0.			FINANCIAL STABILITY
HOSPICE OF GREEN COUNTRY 1120 S BOSTON AVE, #200 TULSA, OK 74119	73-1261742	501C3	123,178.	0.			HEALTH & SAFETY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND MENTAL HEALTH 6333 E SKELLY DRIVE TULSA, OK 74135	73-1039733	501C3	200,000.	0.			HEALTH & SAFETY
KIPP ACADEMY 1661 E. VIRGIN STREET TULSA, OK 74106	11-3740269	501C3	353,875.	0.			EDUCATION
LEGAL AID SERVICES OF OKLAHOMA 907 S. DETROIT, SUITE 725 TULSA, OK 74120	73-1022203	501C3	442,481.	0.			FINANCIAL STABILITY
LIFE SENIOR SEVICES 5950 E. 31ST STREET TULSA, OK 74135	73-1043783	501C3	858,431.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
MENTAL HEALTH ASSOCIATION OKLAHOMA 5330 E 31ST STREET, SUITE 1000 TULSA, OK 74135	73-0657931	501C3	551,917.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
MORTON COMPREHENSIVE HEALTH SERVICES - 1334 NORTH LANSING AVE - TULSA, OK 74106	73-1177858	501C3	375,000.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
NEW WORKFORCE DIRECTIONS, INC. DBA MADISON STRATEGIES GROUP - 907 S. DETROIT, SUITE 210 - TULSA, OK 74120	27-2323749	501C3	150,000.	0.			FINANCIAL STABILITY
OKMULGEE COUNTY FAMILY RESOURCE CENTER - 1501 S. CREEK AVE - OKMULGEE, OK 74447	73-1332643	501C3	129,634.	0.			HEALTH & SAFETY
OKMULGEE OKFUSKEE COUNTY YOUTH SERVICES - 1950 N. OKMULGEE - OKMULGEE, OK 74447	73-1486908	501C3	127,197.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION AWARE OKLAHOMA 7226 E. 41ST ST TULSA, OK 74145	73-1112912	501C3	142,778.	0.			EDUCATION
OWASSO COMMUNITY RESOURCES 109 N. BIRCH, SUITE 109 OWASSO, OK 74055	73-1445318	501C3	60,660.	0.			FINANCIAL STABILITY
PALMER CONTINUUM OF CARE, INC. 5319 S. LEWIS AVENUE, SUITE 219 TULSA, OK 74105	56-2302027	501C3	445,274.	0.			HEALTH & SAFETY
THE PARENT CHILD CENTER OF TULSA 1421 S. BOSTON AVENUE TULSA, OK 74119	73-1113167	501C3	618,249.	0.			HEALTH & SAFETY; SAFE BABIES COURT
READING PARTNERS 110 WEST 7TH STREET TULSA, OK 74119	77-0568469	501C3	293,750.	0.			EDUCATION
THE SALVATION ARMY 1616 S. MAIN TULSA, OK 74119	73-0579266	501C3	1,300,515.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
SAND SPRINGS COMMUNITY SERVICES 15 E 2ND STREET SAND SPRINGS, OK 74063	73-0582550	501C3	72,079.	0.			FINANCIAL STABILITY, EDUCATION
SHOW, INC 425 W WELLS ST. SAPULPA, OK 74066	73-1028650	501C3	116,732.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
STREET SCHOOL 1135 S. YALE AVE. TULSA, OK 74112	73-0942963	501C3	440,007.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF OKLAHOMA 2516 E 71ST STE , ST A TULSA, OK 74136	73-1749376	501C3	231,974.	0.			HEALTH & SAFETY, EDUCATION; INNOVATION GRANT IN SUPPORT OF TRAINING LAY VOLUNTEERS
TRISTESSE GRIEF CENTER 2502 E 71ST STREET TULSA, OK 74136	73-1619790	501C3	90,000.	0.			HEALTH & SAFETY
TULSA BOYS HOME PO BOX 1101 TULSA, OK 74101	73-0579242	501C3	343,495.	0.			HEALTH & SAFETY
TULSA CARES 3712 E 11TH STREET TULSA, OK 74112	73-1388569	501C3	533,763.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
TULSA CASA, INC. 700 S. BOSTON AVE, #230 TULSA, OK 74119	73-1312870	501C3	112,609.	0.			HEALTH & SAFETY
TULSA DAY CENTER FOR THE HOMELESS 415 W. ARCHER TULSA, OK 74103	73-1557819	501C3	235,000.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
WAGONER AREA NEIGHBORS PO BOX 933 WAGONER, OK 74477	73-1351405	501C3	66,150.	0.			FINANCIAL STABILITY
YMCA OF GREATER TULSA 2405 E SKELLY DRIVE TULSA, OK 74105	73-0579269	501C3	719,309.	0.			HEALTH & SAFETY, EDUCATION
YOUTH AT HEART 6026 S. SHERIDAN ROAD TULSA, OK 74145	73-1043630	501C3	300,000.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH SERVICES OF CREEK COUNTY 1025 E GRAYSON AVE SAPULPA, OK 74066	73-1301335	501C3	148,500.	0.			HEALTH & SAFETY, EDUCATION
YOUTH SERVICES OF TULSA 311 S MADISON AVE TULSA, OK 74120	73-0785251	501C3	890,461.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
YWCA TULSA 1910 S LEWIS AVE, SUITE 200 TULSA, OK 74104	73-0579296	501C3	492,577.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
THE BRIDGES FOUNDATION 1345 N. LEWIS AVE TULSA, OK 74110	73-0740763	501C3	228,223.	0.			FINANCIAL STABILITY
THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES - 815 S. UTICA AVE - TULSA, OK 74104	73-6070545	501C3	304,500.	0.			HEALTH & SAFETY
AMPLIFY 1601 S. MAIN ST, #200 TULSA, OK 74119	47-1170599	501C3	120,000.	0.			COMMUNITY COLLABORATIVE IN SUPPORT OF EXPANDING SEX EDUCATION, PROMOTING HEALTHY RELATIONSHIPS,
CATHOLIC CHARITIES 2450 N HARVARD AVE TULSA, OK 74115	73-1171950	501C3	150,000.	0.			HEALTH & SAFETY
CENTER FOR HOUSING SOLUTIONS 110 S HARTFORD AVE TULSA, OK 74120	84-4733422	501C3	134,790.	0.			HOMELESSNESS COLLABORATION
HEALTHY MINDS - A FUND AT TULSA COMMUNITY FOUNDATION - 5310 E 31ST ST. STE 300 - TULSA, OK 74135	73-1554474	501C3	70,000.	0.			COMMUNITY COLLABORATION GRANT IN SUPPORT OF MENTAL HEALTH ACROSS ALL AGES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER FREE OKLAHOMA 907 S. DETROIT AVE #600 TULSA, OK 74120	73-1554474	501C3	93,000.	0.			COLLABORATION GRANT IN SUPPORT OF FOOD SECURITY.
IMPACTTULSA 907 S DETROIT AVE, SUITE 1100B TULSA, OK 74120	73-1554474	501C3	200,000.	0.			COMMUNITY COLLABORATIVE IN SUPPORT OF EDUCATION
LEADERSHIP TULSA - NEW VOICES 1151 S ELGIN AVE TULSA, OK 74120	73-1042332	501C3	17,000.	0.			INITIATIVE TO INCREASE DIVERISTY ON TULSA AREA UNITED WAY AGENCY BOARDS
MEALS ON WHEELS 12620 E 31ST STREET TULSA, OK 74146	73-1125389	501C3	50,000.	0.			HEALTH & SAFETY
TULSA REGIONAL STEM ALLIANCE 5005 S DARLINGTON AVE TULSA, OK 74120	81-4051559	501C3	76,000.	0.			COMMUNITY COLLABORATIVE IN SUPPORT OF EDUCATION
UNITED WAY OF ROGERS AND MAYES COUNTIES - PO BOX 1165 - CLAREMORE, OK 74018	73-1249045	501C3	65,000.	0.			FUNDS HEALTH AND HUMAN SERVICE ORGANIZATIONS
FOUNDATION FOR TULSA SCHOOLS 3027 S NEW HAVEN AVE TULSA, OK 74114	73-1612027	501C3	160,000.	0.			STRONG TOMORROWS
AFRICAN AMERICAN LEADERSHIP ACADEMY - A FUND OF TULSA COMMUNITY FOUNDATION - 7030 S YALE, SUITE 600 - TULSA, OK 74136	73-1554474	501C3	45,000.	0.			INNOVATION GRANT IN SUPPORT OF PERSONAL AND PROFESSIONAL DEVELOPMENT FOR AFRICAN AMERICAN
LA COSECHA PO BOX 884 JENKS, OK 74037	85-0921451	501C3	45,000.	0.			INNOVATION GRANT IN SUPPORT OF PTRAINING AND DEVELOPMENT FOR VOLUNTEERS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULSA HIGHER EDUCATION CONSORTIUM - A FUND OF TULSA COMMUNITY FOUNDATION - 7030 S YALE, SUITE 600 - TULSA, OK 74136	73-1554474	501C3	45,000.	0.			INNOVATION GRANT IN SUPPORT OF COMMUNITY COLLEGE STUDENTS TRANSFERRING TO BACHELOR
BEHEARD MOVEMENT 7216 E ADMIRAL PLACE TULSA, OK 74115	85-3528011	501C3	27,405.	0.			EMERGENCY HOMELESS POP-UP IN DOWNTOWN TULSA
TSHA, INC. 8740 E 11TH STREET, SUITE A TULSA, OK 74112	73-6102812	501C3	194,442.	0.			HEALTH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

TULSA AREA UNITED WAY USES A DETAILED PROCESS FOR EVALUATING ITS PARTNER AGENCIES AND THE USE OF ALLOCATED FUNDS. THE TULSA AREA UNITED WAY COMMUNITY INVESTMENTS DEPARTMENT, IN CONJUNCTION WITH OVER 170 COMMUNITY PANEL VOLUNTEERS, STUDY THE APPLICATIONS OF PARTNER AGENCIES WITH PARTICULAR ATTENTION PAID TO GOVERNANCE AND MANAGEMENT STANDARDS, THE FISCAL STABILITY OF THE AGENCY, ACCURACY OF REPORTING THE USE OF ALLOCATED FUNDS AND THE RESULTS ACHIEVED FOR AGENCY CLIENTS. THE PANEL VOLUNTEERS CONDUCT A SITE VISIT WITH EACH AGENCY EACH YEAR, GATHERING MORE DETAILED

Part IV Supplemental Information

INFORMATION AS NEEDED. PANEL VOLUNTEERS CONDUCT A FINAL MEETING AT WHICH THEY DETERMINE THE RECOMMENDED ALLOCATION. FOLLOWING THESE MEETINGS, THE PANEL CHAIR AND CO-CHAIRS MEET WITH A DIVISION LEADER TO EXPLAIN THE PANEL RECOMMENDATIONS. THE TOTAL RECOMMENDED FUNDING IS PRESENTED TO THE COMMUNITY INVESTMENTS CABINET, AND THEN TO THE TULSA AREA UNITED WAY BOARD OF DIRECTORS FOR ACCEPTANCE AND APPROVAL. AGENCIES PROVIDE A DETAILED REPORT ON HOW FUNDS WERE SPENT AT THE END OF EACH CALENDAR YEAR AS A CRITICAL PART OF THEIR APPLICATION FOR FUTURE FUNDING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH & SAFETY, EDUCATION, COMMUNITY COLLABORATION GRANT IN SUPPORT OF COMMUNITY REPOSE TEAM.

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF OKLAHOMA

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH & SAFETY, EDUCATION; INNOVATION GRANT IN SUPPORT OF TRAINING LAY VOLUNTEERS AS SPECIAL EDUCATION ADVOCATES

NAME OF ORGANIZATION OR GOVERNMENT: AMPLIFY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY COLLABORATIVE IN SUPPORT OF EXPANDING SEX EDUCATION, PROMOTING HEALTHY RELATIONSHIPS, AND ENGAGING IN PUBLIC CONVERSATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN AMERICAN LEADERSHIP ACADEMY - A FUND OF TULSA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION GRANT IN SUPPORT OF PERSONAL AND PROFESSIONAL DEVELOPMENT FOR AFRICAN AMERICAN PROFESSIONALS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

TULSA HIGHER EDUCATION CONSORTIUM - A FUND OF TULSA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION GRANT IN SUPPORT OF

COMMUNITY COLLEGE STUDENTS TRANSFERRING TO BACHELOR PROGRAMS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTHONY, ALISON PRESIDENT AND CHIEF EXECUTIVE OFFICER	(i)	257,598.	67,500.	0.	25,743.	25,056.	375,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEYER, CARLA CHIEF ADMINISTRATIVE OFFICER	(i)	143,128.	22,880.	0.	13,760.	23,934.	203,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SADLER, BRENT CHIEF ORG DEV AND TRANSFORMATION OFF	(i)	114,998.	18,810.	0.	11,457.	23,653.	168,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PAYS FOR A MEMBERSHIP TO THE SUMMIT CLUB FOR ALISON ANTHONY.

PART I, LINE 3:

COMPENSATION IS APPROVED ANNUALLY BY THE BOARD COMPENSATION COMMITTEE WHICH IS MADE UP OF CURRENT AND FORMER DIRECTORS OF THE ORGANIZATION. THE COMMITTEE DIRECTLY SETS/APPROVES THE PRESIDENT AND CEO'S SALARY AND INDIRECTLY APPROVES ALL OTHER STAFF POSITION SALARIES BASED ON THE RECOMMENDATION OF THE PRESIDENT AND CEO. FOLLOWING THAT COMMITTEE MEETING, AMOUNTS ARE APPROVED BY THE FINANCE AND AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

PART I, LINE 7:

VARIABLE COMPENSATION WAS AWARDED TO EMPLOYEES OF THE ORGANIZATION BASED UPON EACH INDIVIDUAL'S PERFORMANCE DURING THE YEAR. EACH YEAR, THE PRESIDENT AND CEO REQUESTS A BUDGET FOR VARIABLE COMPENSATION FROM THE COMPENSATION COMMITTEE. INDIVIDUAL AMOUNTS ARE DISCRETIONARY AND JOINTLY AGREED UPON BY EMPLOYEES' SUPERVISORS AND THE PRESIDENT AND CEO.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **TULSA AREA UNITED WAY** Employer identification number **73-0580283**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ERICA DORWART	DIRECTOR	21,190.	IN-KIND LEG		X
(2) BEN DYE	DIRECTOR	51,538.	HVAC PURCHA		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERICA DORWART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 21,190.

(D) DESCRIPTION OF TRANSACTION: IN-KIND LEGAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BEN DYE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 51,538.

(D) DESCRIPTION OF TRANSACTION: HVAC PURCHASE

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1,345	201,284.	VALUE ON DONATION DA
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 (ITEMS FOR ONLIN)	X	67	25,605.	FAIR MARKET VALUE
26 Other (FOOD)	X	2	617.	FAIR MARKET VALUE
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

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

COMMUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN JUNE 2023, UNITED WAY ASSUMED RESPONSIBILITY FOR 211 EASTERN
OKLAHOMA (211EOK). 211 IS A 24/7 FREE SERVICE THAT IS AVAILABLE TO
EASTERN OKLAHOMANS AND PROVIDES INDIVIDUAL AND FAMILIES IN NEED OF
ASSISTANCE A REFERRAL AND SOMETIMES CONNECTION TO THE APPROPRIATE
AGENCIES AND COMMUNITY ORGANIZATIONS. MOST CALLS, WEB CHATS, AND TEXT
MESSAGES ARE FROM PEOPLE LOOKING FOR HELP WITH MENTAL HEALTH RESOURCES
OR MEETING BASIC NEEDS LIKE HOUSING, FOOD, TRANSPORTATION, AND HEALTH
CARE.

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

SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

211, NTECH, INNOVATION GRANTS, ROGERS COUNTY, COMBINED STATE
DESIGNATIONS, OTHER DESIGNATIONS, OTHER SPECIAL GRANTS, COLLABORATIVE
FUNDING, CAPACITY BUILDING, CAPACITY BUILDING - AGENCY CONTRACT WORK,
CAPACITY BUILDING - BRIDGE FUNDING
EXPENSES \$ 3,641,184. INCLUDING GRANTS OF \$ 1,809,224. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THERE ARE NUMEROUS BUSINESS RELATIONSHIPS WITHIN THE BOARD. OUR BOARD
CONTAINS THE HEADS OF MAJOR EMPLOYERS SUCH AS BANKS, LOCAL UTILITY

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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COMPANIES, AND HEALTH INSURANCE PROVIDERS. BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. CIRCUMSTANCES WHICH CREATE POSSIBLE CONFLICTS ARE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE. SHOULD THE COMMITTEE DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST IS PRESENT, THAT INFORMATION WILL BE TAKEN TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE WILL ADDRESS CONCERNS REGARDING POTENTIAL CONFLICTS OF INTEREST AND TAKE APPROPRIATE ACTION TO RESOLVE ANY CONFLICT.

FORM 990, PART VI, SECTION A, LINE 4:

- 1) OPERATIONAL DETAILS FOR EACH COMMITTEE WERE REMOVED FROM THE BYLAWS AND INCORPORATED INTO COMMITTEE CHARTERS
- 2) COMMITTEE CHARTERS WERE UPDATED BY THE RESPECTIVE COMMITTEES, REVIEWED BY THE GOVERNANCE COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE
- 3) BYLAWS WERE STREAMLINED TO INCORPORATE CURRENT PRACTICES AND PROVIDE AN OVERALL FRAMEWORK FOR OUR OPERATIONS WHEREBY THE BYLAWS WOULD NOT NEED TO BE AMENDED WITH EACH CHANGE IN COMMITTEE PRACTICE
- 4) CERTIFICATE OF INCORPORATION WAS UPDATED TO CONFORM TO CURRENT STANDARDS

FORM 990, PART VI, SECTION A, LINE 6:

ALL OF THE BOARD OF DIRECTORS ARE CONSIDERED MEMBERS OF THE ORGANIZATION.

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

A DRAFT AND FINAL VERSION ARE REVIEWED AND APPROVED BY THE FINANCE AND AUDIT COMMITTEE. THE FINAL VERSION IS PROVIDED TO THE FULL BOARD AT THE FOLLOWING MEETING.

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

Name of the organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
---	--

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. CIRCUMSTANCES WHICH CREATE POSSIBLE CONFLICTS ARE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE. SHOULD THE COMMITTEE DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST IS PRESENT, THAT INFORMATION WILL BE TAKEN TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE WILL ADDRESS CONCERNS REGARDING POTENTIAL CONFLICTS OF INTEREST AND TAKE APPROPRIATE ACTION TO RESOLVE ANY CONFLICT.

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

OUR COMPENSATION COMMITTEE MEETS TWICE PER YEAR TO DISCUSS, REVIEW, AND APPROVE COMPENSATION FOR THE UPCOMING YEAR FOR THE CEO. THEY ALSO REVIEW AND APPROVE THE PAY SCALE FOR ALL OTHER EMPLOYEES, WHICH WAS DEVELOPED USING COMPARABILITY DATA OF SURROUNDING NON-PROFITS AND BUSINESSES AS WELL AS LIKE SIZED UNITED WAYS. THE COMMITTEE DECISIONS ARE ULTIMATELY APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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

FINANCIAL STATEMENTS ARE IN OUR ANNUAL REPORT AND ON OUR WEBSITE. OUR GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TULSA AREA UNITED WAY
1430 SOUTH BOULDER
TULSA, OK 74119

OKLAHOMA TAX COMMISSION
P.O. BOX 26800
OKLAHOMA CITY, OK 73126-0800

OKLAHOMA FORM 512E

Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512-E
2023



PART 1
For the year January 1 - December 31, 2023, or other taxable year beginning: **2023** ending:

Name of Organization: Federal Employer Identification Number: Date Qualified for Tax Exempt Status:

Address (Number and Street):

City: State or Province: Country: ZIP or Foreign Postal Code:

Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Schedule 512-E-X on page 2)

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME
(Please read instructions on pages 3-4)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	<input type="text"/>	<input type="text"/>
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	<input type="text"/>	<input type="text"/>
C Unrelated business taxable income - enter here and on line 1 below	<input type="text"/>	<input type="text"/>

INCOME SUBJECT TO TAX

1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	<input type="text"/>	<input type="text" value="00"/>
2	Other net income - provide schedule	2	<input type="text"/>	<input type="text" value="00"/>
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3	<input type="text"/>	<input type="text" value="00"/>
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4	<input type="text"/>	<input type="text" value="00"/>

TAX COMPUTATION

5	Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box <input type="text"/>	5	<input type="text"/>	<input type="text" value="00"/>
6	Less: Other Credits Form (total from Form 511-CR) <input type="text"/>	6	<input type="text"/>	<input type="text" value="00"/>
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7	<input type="text"/>	<input type="text" value="00"/>
8	2023 Oklahoma estimated tax and extension payments and prior year carryforward	8	<input type="text"/>	<input type="text" value="00"/>
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	<input type="text"/>	<input type="text" value="00"/>
10	Amount paid with original return and amount paid after it was filed (amended return only)	10	<input type="text"/>	<input type="text" value="00"/>
11	Any refunds or overpayment applied (amended return only)	11	<input "="" type="text" value="("/>	<input type="text" value="00"/>
12	Total of lines 8 through 11	12	<input type="text"/>	<input type="text" value="00"/>
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	<input type="text"/>	<input type="text" value="00"/>
14	Amount of line 13 to be credited to 2024 estimated tax (original return only)	14	<input type="text"/>	<input type="text" value="00"/>



Oklahoma Return of Organization Exempt from Income Tax

Name of Organization: TULSA AREA UNITED WAY	Federal Employer Identification Number: 73-0580283
---	--

Amount from line 14 on page 1 00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 4 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

15	Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	15	 00
16	Add lines 14 and 15 and enter amount	16	 00
17	Amount to be refunded to you (line 13 minus line 16) Refund	17	 00

<p>Direct Deposit Note: →</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 5 for details.</p>	<p>Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deposit my refund in my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Routing Number: </p> <p>Account Number: </p>
--	--

18	Tax Due (if line 7 is larger than line 12 enter tax due)	18	Tax Due 00
19	For delinquent payment, add penalty of 5% plus interest at 1.25% per month	19	 00
20	Underpayment of estimated tax interest Annualized <input type="checkbox"/>	20	 00
21	Total tax, penalty and interest due - Add lines 18-20; pay in full with return	21	Balance Due 00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

<p>Signature of Officer or Trustee _____ Date _____</p> <p>Printed Name ALISON ANTHONY</p> <p>Title _____ Phone Number _____</p> <p>PRESIDENT AND C</p>	<p>Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.</p> <p><input checked="" type="checkbox"/></p>	<p>Signature of Preparer _____ Date _____</p> <p>MEGAN COURTNEY</p> <p>Printed Name of Preparer MEGAN COURTNEY</p> <p>Phone Number: 9187452333 Preparer's PTIN: P00405855</p>
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SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3)

A Did you file an amended Federal income tax return? Yes No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a Federal audit, **provide** a complete copy of the RAR.

C Explanation or reason for amended return (**provide** all necessary schedules):

Do not staple documentation to this form. To attach items, please use a paper clip.
Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800
 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Form 990 header section A-M including organization name (TULSA AREA UNITED WAY), EIN (73-0580283), and principal officer (ALISON ANTHONY).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (ALISON ANTHONY), preparer name (MEGAN COURTNEY), and firm information (HOGANTAYLOR LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE TULSA AREA UNITED WAY UNITES PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,078,723. including grants of \$ 7,916,063.) (Revenue \$) HEALTH/SAFETY: OKLAHOMA'S HEALTH STATUS INDICATORS ARE AMONG THE WORST IN THE NATION. THE STATE HAS A HIGH PREVALENCE OF CARDIOVASCULAR DISEASE, DIABETES, OBESITY, STROKE, LOWER RESPIRATORY DISEASE, ADDICTION, TEEN PREGNANCY AND INFANT MORTALITY. THE STATE RANKS POORLY IN PREVENTABLE HOSPITALIZATIONS DUE TO A LACK OF HEALTHCARE ACCESS AND HEALTH INSURANCE. TULSA AREA UNITED WAY INVESTS IN SOCIAL SERVICE AGENCIES AND HEALTHCARE PROVIDERS THAT WORK TO IMPROVE THESE INDICATORS THROUGH DIRECT SERVICE TO CLIENTS AND EDUCATIONS PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES. TULSA AREA UNITED WAY SUPPORTS PROGRAMS THAT PROVIDE SERVICES FOR PHYSICAL HEALTH, MENTAL AND BEHAVIORAL HEALTH, INDIVIDUALS WITH DISABILITIES, DOMESTIC VIOLENCE AND CHILD ABUSE. IT ALSO SUPPORTS AGENCIES THAT PROVIDE SAFETY AND DISASTER RESPONSE

4b (Code:) (Expenses \$ 5,636,318. including grants of \$ 5,522,834.) (Revenue \$) EDUCATION: THE NUMBER ONE RESOURCE FOR ANY CITY IS AN EDUCATED POPULATION. CITIES THAT INVEST IN EDUCATION ARE BETTER EQUIPPED TO DRIVE SUSTAINABLE ECONOMIC GROWTH. TULSA AREA UNITED WAY SUPPORTS THE EDUCATION OF ITS CITIZENS THROUGH FORMAL AND INFORMAL EDUCATION OPPORTUNITIES FOR CHILDREN AND ADULTS AT ALL LEVELS OF ABILITY. IT INVESTS IN EARLY CHILDHOOD PROGRAMS THAT REMOVE EDUCATIONAL BARRIERS FOR VULNERABLE POPULATIONS, PRIMARY AND SECONDARY PROGRAMS THAT SUPPLEMENT CLASSROOM LEARNING AND INCREASE GRADUATION RATES, AND POST-SECONDARY INSTITUTIONS THAT PROVIDE ACCESS TO ALL OUTSIDE THE FORMAL CLASSROOM. TULSA AREA UNITED WAY INVESTS IN PROGRAMS THAT INCREASE LITERACY, EMPHASIZE EXCELLENCE, AND PROVIDE PATHWAYS TO ACHIEVEMENT FOR AT-RISK YOUTH.

4c (Code:) (Expenses \$ 5,072,686. including grants of \$ 4,970,551.) (Revenue \$) FINANCIAL STABILITY: STRESSFUL ECONOMIC CONDITIONS THAT INCREASE THE NUMBER OF PEOPLE FACING JOB LOSS, FOOD INSECURITY, NEAR OR FULL HOMELESSNESS, AND LEGAL CHALLENGES. TULSA AREA UNITED WAY FUNDS AGENCIES THAT PROVIDE BASIC NEEDS SUCH AS FOOD, CLOTHING, RENT, UTILITIES, AND SHELTER FOR INDIVIDUALS AND FAMILIES. TULSA AREA UNITED WAY INVESTS IN AGENCIES THAT PROVIDE JOB TRAINING AND PLACEMENT, FINANCIAL EDUCATION AND LEGAL AID SERVICES FOR UNDERREPRESENTED AND AT-RISK POPULATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,641,184. including grants of \$ 1,809,224.) (Revenue \$)

4e Total program service expenses 22,428,911.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, annual receipts, and various organizational requirements.

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 53		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 52		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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
CARLA MEYER - 918-583-7171
1430 SOUTH BOULDER, TULSA, OK 74119

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY, ALISON PRESIDENT AND CHIEF EXECUTIVE OFFIC	40.00	X		X				325,098.	0.	50,799.
(2) MEYER, CARLA CHIEF ADMINISTRATIVE OFFICER	40.00			X				166,008.	0.	37,694.
(3) SADLER, BRENT CHIEF ORG DEV AND TRANSFORMATION OFF	40.00					X		133,808.	0.	35,110.
(4) QUALLS, CYNTHIA CHIEF RESOURCE DEVELOPMENT OFFICER	40.00					X		131,222.	0.	18,602.
(5) MITCHELL, ANNIE VP OF COMMUNITY INVESTMENTS	40.00					X		102,311.	0.	25,087.
(6) KEITH, KAREN CHAIR	2.00	X		X				0.	0.	0.
(7) JOHNSON, KIMBERLY VICE-CHAIR	1.00	X		X				0.	0.	0.
(8) NEUMAIER, KARL CHAIR-ELECT	4.00	X						0.	0.	0.
(9) RATCLIFF, LARERONITA SECRETARY	1.00	X		X				0.	0.	0.
(10) MCLAUGHLIN, ROSS TREASURER	1.00	X		X				0.	0.	0.
(11) PETERSEN, FRAUKE ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(12) CAVANAH, KEVIN ETHICS OFFICER	1.00	X						0.	0.	0.
(13) AMBURGY, PAMELA DIRECTOR	2.00	X						0.	0.	0.
(14) BENNETT III, TOM DIRECTOR	1.00	X						0.	0.	0.
(15) BOGLE, MELISSA DIRECTOR	3.00	X						0.	0.	0.
(16) BRINGHAM, HEATH DIRECTOR	1.00	X						0.	0.	0.
(17) CARTER, GARY DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEVORE, ROBYN DIRECTOR	1.00	X						0.	0.	0.
(19) DORWART, ERICA DIRECTOR	1.00	X						0.	0.	0.
(20) DUPONT, MICHAEL DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.
(21) DUKES, EMILY DIRECTOR-AT-LARGE	1.00	X						0.	0.	0.
(22) DYE, BEN DIRECTOR	2.00	X						0.	0.	0.
(23) GATES, CATHY DIRECTOR	2.00	X						0.	0.	0.
(24) GOODSON, LEIGH DIRECTOR	2.00	X						0.	0.	0.
(25) GRAHAM, MARK EX OFFICIO	1.00	X						0.	0.	0.
(26) GROBER, STEPHANIA DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								858,447.	0.	167,292.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								858,447.	0.	167,292.

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ES2 - TULSA HKS ENERGY SOLUTIONS, 10404 E 55TH PLACE, SUITE E, TULSA, OK 74146	HVAC SERVICE	162,294.
KEY PERSONNEL PO BOX 700747, TULSA, OK 74170	STAFFING	141,801.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HARDIN, TRACY DIRECTOR	1.00	X					0.	0.	0.	
(28) HARTZLER, KIRT DIRECTOR	1.00	X					0.	0.	0.	
(29) HAUSAM, NETTA DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(30) HAYNIE, RYAN DIRECTOR	1.00	X					0.	0.	0.	
(31) HONEL, LARRY DIRECTOR	1.00	X					0.	0.	0.	
(32) JACKSON, BETSY DIRECTOR	8.00	X					0.	0.	0.	
(33) JOHNSON, MACY DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(34) JONES, STEPHANIE DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(35) KIRK, MELINDA DIRECTOR	11.00	X					0.	0.	0.	
(36) LEHR, WARREN DIRECTOR	1.00	X					0.	0.	0.	
(37) MAGUFFEE, BRENDON DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(38) MATTHEWS, SEN. KEVIN DIRECTOR	1.00	X					0.	0.	0.	
(39) MILFORD, AARON DIRECTOR	1.00	X					0.	0.	0.	
(40) ODOM, JACOB DIRECTOR	2.00	X					0.	0.	0.	
(41) OLDHAM, BRANDON DIRECTOR	1.00	X					0.	0.	0.	
(42) PAYNE, JAMIE DIRECTOR	1.00	X					0.	0.	0.	
(43) PRICE-JOHANNSEN, JACKIE DIRECTOR	1.00	X					0.	0.	0.	
(44) REYES, KRYSTAL DIRECTOR	1.00	X					0.	0.	0.	
(45) RUIZ, YOBANA DIRECTOR	1.00	X					0.	0.	0.	
(46) SCHAUB, JOANN DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14,391.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,037,908.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 227,506.			
	h	Total. Add lines 1a-1f		26,052,299.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		447,594.		447,594.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	39,782.			
	c	Gain or (loss)	7c	28,858.			
	d	Net gain or (loss)		10,924.		10,924.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	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	11 a	MISCELLANEOUS REVENUE	900099	190,482.		190,482.	
	b	EVENT REGISTRATION	900099	40,210.		40,210.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		230,692.			
12	Total revenue. See instructions		26,741,509.	0.	0.	689,210.	

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	20,218,672.	20,218,672.		
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	579,600.	144,900.	144,900.	289,800.
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	1,950,716.	992,666.	429,245.	528,805.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,146.	68,209.	192,689.	48,248.
9 Other employee benefits	677,807.	125,581.	60,453.	491,773.
10 Payroll taxes	201,801.	69,485.	60,437.	71,879.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	46,654.		46,654.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,698.		9,698.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	949,050.	586,070.	100,666.	262,314.
12 Advertising and promotion	46,866.	13,995.	8,169.	24,702.
13 Office expenses	76,828.	10,046.	52,145.	14,637.
14 Information technology	94,155.	19,524.	49,307.	25,324.
15 Royalties				
16 Occupancy	163,066.	51,844.	45,741.	65,481.
17 Travel	24,488.	5,121.	15,000.	4,367.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	169,815.	16,335.	29,785.	123,695.
20 Interest				
21 Payments to affiliates	258,091.	61,942.	85,170.	110,979.
22 Depreciation, depletion, and amortization	95,495.	29,203.	24,435.	41,857.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	83,562.	1,149.	47,546.	34,867.
b SUBSCRIPTIONS	68,189.	12,469.	44,044.	11,676.
c EQUIPMENT SERVICE CONTR	9,318.	1,700.	4,543.	3,075.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,033,017.	22,428,911.	1,450,627.	2,153,479.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	624,455.	1	1,018,688.
	2 Savings and temporary cash investments	9,369,773.	2	8,730,376.
	3 Pledges and grants receivable, net	16,179,381.	3	16,328,926.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,770.	9	100,133.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,989,726.		
	b Less: accumulated depreciation	10b 3,185,739.		
	11 Investments - publicly traded securities	624,940.	10c	803,987.
	12 Investments - other securities. See Part IV, line 11	1,643,669.	11	1,894,743.
	13 Investments - program-related. See Part IV, line 11	9,519,850.	12	9,591,172.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,050,838.	15		
		16	38,468,025.	
Liabilities	17 Accounts payable and accrued expenses	179,519.	17	228,759.
	18 Grants payable	19,597,435.	18	19,057,050.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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		25	
	26 Total liabilities. Add lines 17 through 25	19,776,954.	26	19,285,809.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,883,801.	27	11,932,844.
	28 Net assets with donor restrictions	6,390,083.	28	7,249,372.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,273,884.	32	19,182,216.
	33 Total liabilities and net assets/fund balances	38,050,838.	33	38,468,025.

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	26,741,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,033,017.
3	Revenue less expenses. Subtract line 2 from line 1	3	708,492.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,273,884.
5	Net unrealized gains (losses) on investments	5	199,840.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,182,216.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 _____		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27002252.	25298659.	25738059.	25879135.	26052299.	129970404
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27002252.	25298659.	25738059.	25879135.	26052299.	129970404
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)						32761298.
6 Public support. Subtract line 5 from line 4.						97209106.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	27002252.	25298659.	25738059.	25879135.	26052299.	129970404
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293,274.	171,439.	74,935.	120,950.	447,594.	1108192.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	54,899.	63,879.	60,335.	88,912.	230,692.	498,717.
11 Total support. Add lines 7 through 10						131577313
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.88	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	74.36	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,767,209.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,515,868.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,667,683.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,641,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,261,831.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>625,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>744,976.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>555,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization TULSA AREA UNITED WAY Employer identification number 73-0580283

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - 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	1,718,556.	2,137,741.	1,959,755.	1,726,783.	1,492,829.
b Contributions					
c Net investment earnings, gains, and losses	254,689.	-325,755.	262,678.	242,073.	309,450.
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	83,000.	74,000.		67,000.
f Administrative expenses	9,698.	10,430.	10,692.	9,101.	8,496.
g End of year balance	1,963,547.	1,718,556.	2,137,741.	1,959,755.	1,726,783.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 49.0700 %
 - b Permanent endowment 50.9300 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		146,587.		146,587.
b Buildings		3,461,489.	2,847,355.	614,134.
c Leasehold improvements				
d Equipment		356,178.	315,692.	40,486.
e Other		25,472.	22,692.	2,780.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				803,987.

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) CERTIFICATES OF DEPOSIT	9,522,368.	END-OF-YEAR MARKET VALUE
(B) CASH MANAGEMENT FUND	68,804.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	9,591,172.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,290,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	199,840.
b	Donated services and use of facilities	2b	98,503.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	298,343.
3	Subtract line 2e from line 1	3	25,992,204.
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	9,698.
b	Other (Describe in Part XIII.)	4b	739,607.
c	Add lines 4a and 4b	4c	749,305.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,741,509.

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	25,382,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	98,503.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	98,503.
3	Subtract line 2e from line 1	3	25,283,712.
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	9,698.
b	Other (Describe in Part XIII.)	4b	739,607.
c	Add lines 4a and 4b	4c	749,305.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,033,017.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE AVAILABLE FOR UNRESTRICTED USE BASED ON OUR ENDOWMENT SPENDING POLICY. THE PERMANENTLY RESTRICTED ENDOWMENT DOES NOT ALLOW SPENDING FROM THE ORIGINAL PRINCIPAL AMOUNT, \$1,000,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER CHARITIES 739,607.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER CHARITIES 739,607.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **TULSA AREA UNITED WAY** Employer identification number **73-0580283**

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
A NEW LEAF 2306 S. 1ST PLACE TULSA, OK 74012	73-1042760	501C3	523,275.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
ABILITY RESOURCES 823 S. DETROIT, STE 110 TULSA, OK 74120	73-1000572	501C3	146,345.	0.			HEALTH & SAFETY
AMERICAN RED CROSS TULSA AREA CHAPTER - 10151 E 11TH STREET - TULSA, OK 74128	73-0579223	501C3	451,250.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
BIG BROTHERS BIG SISTERS OF OKLAHOMA - 1306 S. DENVER AVE - TULSA, OK 74119	73-1226237	501C3	277,790.	0.			EDUCATION
BOY SCOUTS OF AMERICA (INDIAN NATIONS COUNCIL) - 4295 S. GARNETT ROAD - TULSA, OK 74146	73-0579230	501C3	464,501.	0.			EDUCATION
BRISTOW SOCIAL SERVICES 1705 S. CHESTNUT BRISTOW, OK 74010	73-1345471	501C3	97,580.	0.			FINANCIAL STABILITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 71.
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN ARROW NEIGHBORS 315 W. COLLEGE BROKEN ARROW, OK 74012	73-1195548	501C3	80,192.	0.			FINANCIAL STABILITY
BROKEN ARROW SENIORS, INC. 1800 S. MAIN ST BROKEN ARROW, OK 74012	73-1325797	501C3	41,843.	0.			HEALTH & SAFETY
CAMP FIRE USA GREEN COUNTRY COUNCIL, INC. - 706 S. BOSTON AVE - TULSA, OK 74119	73-0579231	501C3	322,894.	0.			EDUCATION
CARING COMMUNITY FRIENDS, INC. OF SAPULPA - PO BOX 1524 - SAPULPA, OK 74067	73-1429214	501C3	70,000.	0.			FINANCIAL STABILITY
CENTER FOR EMPLOYMENT OPPORTUNITIES - 321 S BOSTON AVE, SUITE 300 - TULSA, OK 74103	13-3843322	501C3	150,000.	0.			FINANCIAL STABILITY
CHILD ADVOCACY NETWORK 2829 S. SHERIDAN ROAD TULSA, OK 74129	73-1325326	501C3	249,000.	0.			HEALTH & SAFETY
COMMUNITY ACTION PROJECT OF TULSA COUNTY - 5330 E. 31ST STREET, SUITE 300 - TULSA, OK 74135	73-1019247	501C3	637,531.	0.			FINANCIAL STABILITY, EDUCATION, SIEMER
CITY YEAR 15 E 5TH ST TULSA, OK 74103	22-2882549	501C3	150,000.	0.			EDUCATION
CREEK COUNTY LITERACY PROGRAM 15 N. POPLAR SAPULPA, OK 74066	73-1376512	501C3	33,055.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS, INC. 3500 S. PEORIA TULSA, OK 74105	73-1447897	501C3	33,333.	0.			HEALTH & SAFETY
CROSSTOWN LEARNING CENTER 2501 E ARCHER STREET TULSA, OK 74110	73-0782748	501C3	175,000.	0.			EDUCATION
DOMESTIC VIOLENCE INTERVENTION SERVICES - 3124 E. APACHE ST. - TULSA, OK 74110	73-1028332	501C3	931,425.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
DOMESTIC VIOLENCE INTERVENTION SERVICES SAPULPA COUNTY FAMILY RESOURCE CENTER - 3124 E. APACHE ST. - TULSA, OK 74110	73-1028332	501C3	65,500.	0.			CAPACITY BUILDING
FAMILY & CHILDREN'S SERVICES 650 S. PEORIA AVE TULSA, OK 74120	73-0580270	501C3	1,192,968.	0.			HEALTH & SAFETY, EDUCATION, COMMUNITY COLLABORATION GRANT IN SUPPORT OF COMMUNITY
GIRL SCOUTS OF EASTERN OKLAHOMA 4810 S. 129TH E AVE. TULSA, OK 74134	73-0579240	501C3	351,135.	0.			EDUCATION
GLOBAL GARDENS PO BOX 52034 TULSA, OK 74152	20-5717276	501C3	68,120.	0.			EDUCATION
GOODWILL INDUSTRIES OF TULSA 2800 SOUTHWEST BLVD TULSA, OK 74107	73-0614297	501C3	651,351.	0.			FINANCIAL STABILITY
HOSPICE OF GREEN COUNTRY 1120 S BOSTON AVE, #200 TULSA, OK 74119	73-1261742	501C3	123,178.	0.			HEALTH & SAFETY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND MENTAL HEALTH 6333 E SKELLY DRIVE TULSA, OK 74135	73-1039733	501C3	200,000.	0.			HEALTH & SAFETY
KIPP ACADEMY 1661 E. VIRGIN STREET TULSA, OK 74106	11-3740269	501C3	353,875.	0.			EDUCATION
LEGAL AID SERVICES OF OKLAHOMA 907 S. DETROIT, SUITE 725 TULSA, OK 74120	73-1022203	501C3	442,481.	0.			FINANCIAL STABILITY
LIFE SENIOR SEVICES 5950 E. 31ST STREET TULSA, OK 74135	73-1043783	501C3	858,431.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
MENTAL HEALTH ASSOCIATION OKLAHOMA 5330 E 31ST STREET, SUITE 1000 TULSA, OK 74135	73-0657931	501C3	551,917.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
MORTON COMPREHENSIVE HEALTH SERVICES - 1334 NORTH LANSING AVE - TULSA, OK 74106	73-1177858	501C3	375,000.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
NEW WORKFORCE DIRECTIONS, INC. DBA MADISON STRATEGIES GROUP - 907 S. DETROIT, SUITE 210 - TULSA, OK 74120	27-2323749	501C3	150,000.	0.			FINANCIAL STABILITY
OKMULGEE COUNTY FAMILY RESOURCE CENTER - 1501 S. CREEK AVE - OKMULGEE, OK 74447	73-1332643	501C3	129,634.	0.			HEALTH & SAFETY
OKMULGEE OKFUSKEE COUNTY YOUTH SERVICES - 1950 N. OKMULGEE - OKMULGEE, OK 74447	73-1486908	501C3	127,197.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION AWARE OKLAHOMA 7226 E. 41ST ST TULSA, OK 74145	73-1112912	501C3	142,778.	0.			EDUCATION
OWASSO COMMUNITY RESOURCES 109 N. BIRCH, SUITE 109 OWASSO, OK 74055	73-1445318	501C3	60,660.	0.			FINANCIAL STABILITY
PALMER CONTINUUM OF CARE, INC. 5319 S. LEWIS AVENUE, SUITE 219 TULSA, OK 74105	56-2302027	501C3	445,274.	0.			HEALTH & SAFETY
THE PARENT CHILD CENTER OF TULSA 1421 S. BOSTON AVENUE TULSA, OK 74119	73-1113167	501C3	618,249.	0.			HEALTH & SAFETY; SAFE BABIES COURT
READING PARTNERS 110 WEST 7TH STREET TULSA, OK 74119	77-0568469	501C3	293,750.	0.			EDUCATION
THE SALVATION ARMY 1616 S. MAIN TULSA, OK 74119	73-0579266	501C3	1,300,515.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
SAND SPRINGS COMMUNITY SERVICES 15 E 2ND STREET SAND SPRINGS, OK 74063	73-0582550	501C3	72,079.	0.			FINANCIAL STABILITY, EDUCATION
SHOW, INC 425 W WELLS ST. SAPULPA, OK 74066	73-1028650	501C3	116,732.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
STREET SCHOOL 1135 S. YALE AVE. TULSA, OK 74112	73-0942963	501C3	440,007.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF OKLAHOMA 2516 E 71ST STE , ST A TULSA, OK 74136	73-1749376	501C3	231,974.	0.			HEALTH & SAFETY, EDUCATION; INNOVATION GRANT IN SUPPORT OF TRAINING LAY VOLUNTEERS
TRISTESSE GRIEF CENTER 2502 E 71ST STREET TULSA, OK 74136	73-1619790	501C3	90,000.	0.			HEALTH & SAFETY
TULSA BOYS HOME PO BOX 1101 TULSA, OK 74101	73-0579242	501C3	343,495.	0.			HEALTH & SAFETY
TULSA CARES 3712 E 11TH STREET TULSA, OK 74112	73-1388569	501C3	533,763.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
TULSA CASA, INC. 700 S. BOSTON AVE, #230 TULSA, OK 74119	73-1312870	501C3	112,609.	0.			HEALTH & SAFETY
TULSA DAY CENTER FOR THE HOMELESS 415 W. ARCHER TULSA, OK 74103	73-1557819	501C3	235,000.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
WAGONER AREA NEIGHBORS PO BOX 933 WAGONER, OK 74477	73-1351405	501C3	66,150.	0.			FINANCIAL STABILITY
YMCA OF GREATER TULSA 2405 E SKELLY DRIVE TULSA, OK 74105	73-0579269	501C3	719,309.	0.			HEALTH & SAFETY, EDUCATION
YOUTH AT HEART 6026 S. SHERIDAN ROAD TULSA, OK 74145	73-1043630	501C3	300,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH SERVICES OF CREEK COUNTY 1025 E GRAYSON AVE SAPULPA, OK 74066	73-1301335	501C3	148,500.	0.			HEALTH & SAFETY, EDUCATION
YOUTH SERVICES OF TULSA 311 S MADISON AVE TULSA, OK 74120	73-0785251	501C3	890,461.	0.			HEALTH & SAFETY, FINANCIAL STABILITY, EDUCATION
YWCA TULSA 1910 S LEWIS AVE, SUITE 200 TULSA, OK 74104	73-0579296	501C3	492,577.	0.			HEALTH & SAFETY, FINANCIAL STABILITY
THE BRIDGES FOUNDATION 1345 N. LEWIS AVE TULSA, OK 74110	73-0740763	501C3	228,223.	0.			FINANCIAL STABILITY
THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES - 815 S. UTICA AVE - TULSA, OK 74104	73-6070545	501C3	304,500.	0.			HEALTH & SAFETY
AMPLIFY 1601 S. MAIN ST, #200 TULSA, OK 74119	47-1170599	501C3	120,000.	0.			COMMUNITY COLLABORATIVE IN SUPPORT OF EXPANDING SEX EDUCATION, PROMOTING HEALTHY RELATIONSHIPS,
CATHOLIC CHARITIES 2450 N HARVARD AVE TULSA, OK 74115	73-1171950	501C3	150,000.	0.			HEALTH & SAFETY
CENTER FOR HOUSING SOLUTIONS 110 S HARTFORD AVE TULSA, OK 74120	84-4733422	501C3	134,790.	0.			HOMELESSNESS COLLABORATION
HEALTHY MINDS - A FUND AT TULSA COMMUNITY FOUNDATION - 5310 E 31ST ST. STE 300 - TULSA, OK 74135	73-1554474	501C3	70,000.	0.			COMMUNITY COLLABORATION GRANT IN SUPPORT OF MENTAL HEALTH ACROSS ALL AGES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER FREE OKLAHOMA 907 S. DETROIT AVE #600 TULSA, OK 74120	73-1554474	501C3	93,000.	0.			COLLABORATION GRANT IN SUPPORT OF FOOD SECURITY.
IMPACTTULSA 907 S DETROIT AVE, SUITE 1100B TULSA, OK 74120	73-1554474	501C3	200,000.	0.			COMMUNITY COLLABORATIVE IN SUPPORT OF EDUCATION
LEADERSHIP TULSA - NEW VOICES 1151 S ELGIN AVE TULSA, OK 74120	73-1042332	501C3	17,000.	0.			INITIATIVE TO INCREASE DIVERISTY ON TULSA AREA UNITED WAY AGENCY BOARDS
MEALS ON WHEELS 12620 E 31ST STREET TULSA, OK 74146	73-1125389	501C3	50,000.	0.			HEALTH & SAFETY
TULSA REGIONAL STEM ALLIANCE 5005 S DARLINGTON AVE TULSA, OK 74120	81-4051559	501C3	76,000.	0.			COMMUNITY COLLABORATIVE IN SUPPORT OF EDUCATION
UNITED WAY OF ROGERS AND MAYES COUNTIES - PO BOX 1165 - CLAREMORE, OK 74018	73-1249045	501C3	65,000.	0.			FUNDS HEALTH AND HUMAN SERVICE ORGANIZATIONS
FOUNDATION FOR TULSA SCHOOLS 3027 S NEW HAVEN AVE TULSA, OK 74114	73-1612027	501C3	160,000.	0.			STRONG TOMORROWS
AFRICAN AMERICAN LEADERSHIP ACADEMY - A FUND OF TULSA COMMUNITY FOUNDATION - 7030 S YALE, SUITE 600 - TULSA, OK 74136	73-1554474	501C3	45,000.	0.			INNOVATION GRANT IN SUPPORT OF PERSONAL AND PROFESSIONAL DEVELOPMENT FOR AFRICAN AMERICAN
LA COSECHA PO BOX 884 JENKS, OK 74037	85-0921451	501C3	45,000.	0.			INNOVATION GRANT IN SUPPORT OF PTRAINING AND DEVELOPMENT FOR VOLUNTEERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULSA HIGHER EDUCATION CONSORTIUM - A FUND OF TULSA COMMUNITY FOUNDATION - 7030 S YALE, SUITE 600 - TULSA, OK 74136	73-1554474	501C3	45,000.	0.			INNOVATION GRANT IN SUPPORT OF COMMUNITY COLLEGE STUDENTS TRANSFERRING TO BACHELOR
BEHEARD MOVEMENT 7216 E ADMIRAL PLACE TULSA, OK 74115	85-3528011	501C3	27,405.	0.			EMERGENCY HOMELESS POP-UP IN DOWNTOWN TULSA
TSHA, INC. 8740 E 11TH STREET, SUITE A TULSA, OK 74112	73-6102812	501C3	194,442.	0.			HEALTH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

TULSA AREA UNITED WAY USES A DETAILED PROCESS FOR EVALUATING ITS PARTNER AGENCIES AND THE USE OF ALLOCATED FUNDS. THE TULSA AREA UNITED WAY COMMUNITY INVESTMENTS DEPARTMENT, IN CONJUNCTION WITH OVER 170 COMMUNITY PANEL VOLUNTEERS, STUDY THE APPLICATIONS OF PARTNER AGENCIES WITH PARTICULAR ATTENTION PAID TO GOVERNANCE AND MANAGEMENT STANDARDS, THE FISCAL STABILITY OF THE AGENCY, ACCURACY OF REPORTING THE USE OF ALLOCATED FUNDS AND THE RESULTS ACHIEVED FOR AGENCY CLIENTS. THE PANEL VOLUNTEERS CONDUCT A SITE VISIT WITH EACH AGENCY EACH YEAR, GATHERING MORE DETAILED

Part IV Supplemental Information

INFORMATION AS NEEDED. PANEL VOLUNTEERS CONDUCT A FINAL MEETING AT WHICH THEY DETERMINE THE RECOMMENDED ALLOCATION. FOLLOWING THESE MEETINGS, THE PANEL CHAIR AND CO-CHAIRS MEET WITH A DIVISION LEADER TO EXPLAIN THE PANEL RECOMMENDATIONS. THE TOTAL RECOMMENDED FUNDING IS PRESENTED TO THE COMMUNITY INVESTMENTS CABINET, AND THEN TO THE TULSA AREA UNITED WAY BOARD OF DIRECTORS FOR ACCEPTANCE AND APPROVAL. AGENCIES PROVIDE A DETAILED REPORT ON HOW FUNDS WERE SPENT AT THE END OF EACH CALENDAR YEAR AS A CRITICAL PART OF THEIR APPLICATION FOR FUTURE FUNDING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH & SAFETY, EDUCATION, COMMUNITY COLLABORATION GRANT IN SUPPORT OF COMMUNITY REPOSE TEAM.

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF OKLAHOMA

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH & SAFETY, EDUCATION; INNOVATION GRANT IN SUPPORT OF TRAINING LAY VOLUNTEERS AS SPECIAL EDUCATION ADVOCATES

NAME OF ORGANIZATION OR GOVERNMENT: AMPLIFY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY COLLABORATIVE IN SUPPORT OF EXPANDING SEX EDUCATION, PROMOTING HEALTHY RELATIONSHIPS, AND ENGAGING IN PUBLIC CONVERSATION.

NAME OF ORGANIZATION OR GOVERNMENT:

AFRICAN AMERICAN LEADERSHIP ACADEMY - A FUND OF TULSA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION GRANT IN SUPPORT OF PERSONAL AND PROFESSIONAL DEVELOPMENT FOR AFRICAN AMERICAN PROFESSIONALS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

TULSA HIGHER EDUCATION CONSORTIUM - A FUND OF TULSA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION GRANT IN SUPPORT OF

COMMUNITY COLLEGE STUDENTS TRANSFERRING TO BACHELOR PROGRAMS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTHONY, ALISON PRESIDENT AND CHIEF EXECUTIVE OFFICER	(i)	257,598.	67,500.	0.	25,743.	25,056.	375,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEYER, CARLA CHIEF ADMINISTRATIVE OFFICER	(i)	143,128.	22,880.	0.	13,760.	23,934.	203,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SADLER, BRENT CHIEF ORG DEV AND TRANSFORMATION OFF	(i)	114,998.	18,810.	0.	11,457.	23,653.	168,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PAYS FOR A MEMBERSHIP TO THE SUMMIT CLUB FOR ALISON ANTHONY.

PART I, LINE 3:

COMPENSATION IS APPROVED ANNUALLY BY THE BOARD COMPENSATION COMMITTEE WHICH IS MADE UP OF CURRENT AND FORMER DIRECTORS OF THE ORGANIZATION. THE COMMITTEE DIRECTLY SETS/APPROVES THE PRESIDENT AND CEO'S SALARY AND INDIRECTLY APPROVES ALL OTHER STAFF POSITION SALARIES BASED ON THE RECOMMENDATION OF THE PRESIDENT AND CEO. FOLLOWING THAT COMMITTEE MEETING, AMOUNTS ARE APPROVED BY THE FINANCE AND AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

PART I, LINE 7:

VARIABLE COMPENSATION WAS AWARDED TO EMPLOYEES OF THE ORGANIZATION BASED UPON EACH INDIVIDUAL'S PERFORMANCE DURING THE YEAR. EACH YEAR, THE PRESIDENT AND CEO REQUESTS A BUDGET FOR VARIABLE COMPENSATION FROM THE COMPENSATION COMMITTEE. INDIVIDUAL AMOUNTS ARE DISCRETIONARY AND JOINTLY AGREED UPON BY EMPLOYEES' SUPERVISORS AND THE PRESIDENT AND CEO.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **TULSA AREA UNITED WAY** Employer identification number **73-0580283**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ERICA DORWART	DIRECTOR	21,190.	IN-KIND LEG		X
(2) BEN DYE	DIRECTOR	51,538.	HVAC PURCHA		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERICA DORWART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 21,190.

(D) DESCRIPTION OF TRANSACTION: IN-KIND LEGAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BEN DYE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 51,538.

(D) DESCRIPTION OF TRANSACTION: HVAC PURCHASE

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **TULSA AREA UNITED WAY** Employer identification number **73-0580283**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1,345	201,284.	VALUE ON DONATION DA
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 (ITEMS FOR ONLIN)	X	67	25,605.	FAIR MARKET VALUE
26 Other (FOOD)	X	2	617.	FAIR MARKET VALUE
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2023

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

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

COMMUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN JUNE 2023, UNITED WAY ASSUMED RESPONSIBILITY FOR 211 EASTERN
OKLAHOMA (211EOK). 211 IS A 24/7 FREE SERVICE THAT IS AVAILABLE TO
EASTERN OKLAHOMANS AND PROVIDES INDIVIDUAL AND FAMILIES IN NEED OF
ASSISTANCE A REFERRAL AND SOMETIMES CONNECTION TO THE APPROPRIATE
AGENCIES AND COMMUNITY ORGANIZATIONS. MOST CALLS, WEB CHATS, AND TEXT
MESSAGES ARE FROM PEOPLE LOOKING FOR HELP WITH MENTAL HEALTH RESOURCES
OR MEETING BASIC NEEDS LIKE HOUSING, FOOD, TRANSPORTATION, AND HEALTH
CARE.

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

SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

211, NTECH, INNOVATION GRANTS, ROGERS COUNTY, COMBINED STATE
DESIGNATIONS, OTHER DESIGNATIONS, OTHER SPECIAL GRANTS, COLLABORATIVE
FUNDING, CAPACITY BUILDING, CAPACITY BUILDING - AGENCY CONTRACT WORK,
CAPACITY BUILDING - BRIDGE FUNDING
EXPENSES \$ 3,641,184. INCLUDING GRANTS OF \$ 1,809,224. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THERE ARE NUMEROUS BUSINESS RELATIONSHIPS WITHIN THE BOARD. OUR BOARD
CONTAINS THE HEADS OF MAJOR EMPLOYERS SUCH AS BANKS, LOCAL UTILITY

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization TULSA AREA UNITED WAY	Employer identification number 73-0580283
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COMPANIES, AND HEALTH INSURANCE PROVIDERS. BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. CIRCUMSTANCES WHICH CREATE POSSIBLE CONFLICTS ARE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE. SHOULD THE COMMITTEE DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST IS PRESENT, THAT INFORMATION WILL BE TAKEN TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE WILL ADDRESS CONCERNS REGARDING POTENTIAL CONFLICTS OF INTEREST AND TAKE APPROPRIATE ACTION TO RESOLVE ANY CONFLICT.

FORM 990, PART VI, SECTION A, LINE 4:

- 1) OPERATIONAL DETAILS FOR EACH COMMITTEE WERE REMOVED FROM THE BYLAWS AND INCORPORATED INTO COMMITTEE CHARTERS
- 2) COMMITTEE CHARTERS WERE UPDATED BY THE RESPECTIVE COMMITTEES, REVIEWED BY THE GOVERNANCE COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE
- 3) BYLAWS WERE STREAMLINED TO INCORPORATE CURRENT PRACTICES AND PROVIDE AN OVERALL FRAMEWORK FOR OUR OPERATIONS WHEREBY THE BYLAWS WOULD NOT NEED TO BE AMENDED WITH EACH CHANGE IN COMMITTEE PRACTICE
- 4) CERTIFICATE OF INCORPORATION WAS UPDATED TO CONFORM TO CURRENT STANDARDS

FORM 990, PART VI, SECTION A, LINE 6:

ALL OF THE BOARD OF DIRECTORS ARE CONSIDERED MEMBERS OF THE ORGANIZATION.

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

A DRAFT AND FINAL VERSION ARE REVIEWED AND APPROVED BY THE FINANCE AND AUDIT COMMITTEE. THE FINAL VERSION IS PROVIDED TO THE FULL BOARD AT THE FOLLOWING MEETING.

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

Name of the organization

TULSA AREA UNITED WAY

Employer identification number

73-0580283

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS. CIRCUMSTANCES WHICH CREATE POSSIBLE CONFLICTS ARE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE. SHOULD THE COMMITTEE DETERMINE THAT A POTENTIAL CONFLICT OF INTEREST IS PRESENT, THAT INFORMATION WILL BE TAKEN TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE WILL ADDRESS CONCERNS REGARDING POTENTIAL CONFLICTS OF INTEREST AND TAKE APPROPRIATE ACTION TO RESOLVE ANY CONFLICT.

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

OUR COMPENSATION COMMITTEE MEETS TWICE PER YEAR TO DISCUSS, REVIEW, AND APPROVE COMPENSATION FOR THE UPCOMING YEAR FOR THE CEO. THEY ALSO REVIEW AND APPROVE THE PAY SCALE FOR ALL OTHER EMPLOYEES, WHICH WAS DEVELOPED USING COMPARABILITY DATA OF SURROUNDING NON-PROFITS AND BUSINESSES AS WELL AS LIKE SIZED UNITED WAYS. THE COMMITTEE DECISIONS ARE ULTIMATELY APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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

FINANCIAL STATEMENTS ARE IN OUR ANNUAL REPORT AND ON OUR WEBSITE. OUR GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.