** PUBLIC DISCLOSURE COPY **

Form 990 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

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

C Name of organization
UNITED WAY WORLDWIDE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
701 NORTH FAIRFAX STREET

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

F Name and address of principal officer: ANGELA WILLIAMS
SAME AS C ABOVE

D Employer identification number
13-1635294

E Telephone number
703-836-7100

G Gross receipts $ 91,655,247.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.UNITEDWAY.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1932

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY MOBILIZING CARING POWER OF COMMUNITIES AROUND THE WORLD TO ADVANCE COMMON GOOD.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	245
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	21,525,082.	41,046,025.
9	Program service revenue (Part VIII, line 2g)	28,289,710.	29,724,255.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,063,219.	983,417.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	690,242.	643,920.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,568,253.	72,397,617.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,323,180.	22,424,325.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,692,483.	30,793,645.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 6,716,062.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,707,480.	21,798,697.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,723,143.	75,016,667.
19	Revenue less expenses. Subtract line 18 from line 12	-14,154,890.	-2,619,050.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	70,828,290.	67,977,328.
21	Total liabilities (Part X, line 26)	21,725,302.	19,887,562.
22	Net assets or fund balances. Subtract line 21 from line 20	49,102,988.	48,089,766.

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

Bruce Friedman — Signature of officer — 9/4/2025 Date

BRUCE FRIEDMAN, EVP, CHIEF FINANCIAL OFFICER — Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MARY O TORRETTA	Mary Torretta	9/3/2025		P00847851

Firm's name GRANT THORNTON ADVISORS LLC — Firm's EIN 99-1856619

Firm's address 1000 WILSON BLVD, SUITE 1500 ARLINGTON, VA 22209 — Phone no. 703-847-7500

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	UNITED WAY WORLDWIDE	13-1635294
	Number, street, and room or suite no. If a P.O. box, see instructions. 701 NORTH FAIRFAX STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

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

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

The books are in the care of BRUCE FRIEDMAN
701 N. FAIRFAX STREET - ALEXANDRIA, VA 22314

Telephone No. 703-836-7100 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 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 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. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

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:
SEE SCHEDULE O

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

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

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

4a (Code:) (Expenses $ 29,909,522. including grants of $ 11,502,011.) (Revenue $ 1,350,959.)
GLOBAL NETWORK ADVANCEMENT - SEE SCHEDULE O

4b (Code:) (Expenses $ 11,090,521. including grants of $ 10,627,868.) (Revenue $)
DONOR ADVISED GIVING (DOMESTIC AND INTENATIONAL) - SEE SCHEDULE O

4c (Code:) (Expenses $ 11,978,640. including grants of $ 4,091.) (Revenue $ 256,360.)
BRAND STRATEGY AND MARKETING-SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses $ 4,852,739. including grants of $ 290,355.) (Revenue $ 28,116,936.)

4e Total program service expenses 57,831,422.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	78		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	245		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country CANADA, SWITZERLAND, HONG KONG See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

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	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a	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	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

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.

X Own website ☐ Another's website X 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

BRUCE FRIEDMAN - 703-836-7100

701 N. FAIRFAX STREET, ALEXANDRIA, VA 22314

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) ANGELA WILLIAMS	40.00									
CHIEF EXECUTIVE OFFICER	0.00			X				779,178.	0.	150,239.
(2) BRUCE FRIEDMAN	40.00									
EVP, CHIEF FINANCIAL OFFICER	0.00			X				368,662.	0.	68,075.
(3) ODESSA JACKSON PETERSON	40.00									
EVP, GENERAL COUNSEL, CC & EO	0.00			X				411,379.	0.	17,245.
(4) NICOLE COOPER	40.00									
EVP, CHIEF STR & INNOV OFFICER	0.00				X			414,760.	0.	4,971.
(5) BYRON GARRETT	40.00									
EVP, CHIEF REVENUE OFFICER	0.00				X			389,508.	0.	11,572.
(6) JOHN FARDEN	40.00									
EVP, GLOBAL NTWK ADV & OPERATIONS	0.00				X			385,992.	0.	2,075.
(7) LADAWN NAEGLE	40.00									
EVP, CHIEF OF STAFF	0.00					X		335,346.	0.	45,764.
(8) OMOIYE KINNEY	40.00									
EVP, MARKETING & COMMUNICATION	0.00				X			341,233.	0.	29,962.
(9) THOMAS LOWERY	40.00									
SVP, NETWORK RESILIENCE	0.00					X		286,007.	0.	52,042.
(10) LAWANA JONES	40.00									
SVP, CHIEF TECHNOLOGY OFFICER	0.00				X			291,699.	0.	30,185.
(11) RACHEL SMALL	40.00									
SVP, GOVERNMENT PARTNERSHIPS	0.00					X		286,177.	0.	28,146.
(12) ERIN BUDDE	40.00									
SVP, STRATEGIC INSIGHTS	0.00					X		259,423.	0.	45,160.
(13) CHAD ROYAL-PASCOE	40.00									
SVP, GLOBAL RESOURCE DEVELOPMENT	0.00					X		237,674.	0.	38,084.
(14) ALICE ARCHCABAL	40.00									
EVP, DEVELOPMENT (TO 6/24)	0.00				X			248,110.	0.	8,776.
(15) SONYA ANDERSON	40.00									
EVP, INTERNATIONAL NETWORK(BEG 5/24)	0.00				X			225,529.	0.	13,389.
(16) JACQUELINE GORDON	40.00									
FORMER EVP, PEOPLE & CULTURE	0.00						X	232,370.	0.	0.
(17) MARC BITZER	2.00									
CHAIR OF THE BOARD (TO 6/24)	0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) YURI FULMER	2.00									
VICE CHAIR (TO 6/24)/CHAIR(BEG 7/24)	0.00	X		X				0.	0.	0.
(19) MIKE HAYDE	2.00									
TREAS/CHAIR OF FINANCE COMMITTEE	0.00	X		X				0.	0.	0.
(20) MARK HOWARD	2.00									
SECRETARY/CHAIR OF AUDIT COMMITTEE	0.00	X		X				0.	0.	0.
(21) JOHNNY TAYLOR JR.	2.00									
CHAIR OF EXEC COMP CMTE	0.00	X						0.	0.	0.
(22) BILL O'DOWD	2.00									
CHAIR DEV & MKTG CMTE	0.00	X						0.	0.	0.
(23) ROSIE ALLEN-HERRING	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(24) JULIANA AZEVEDO	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(25) ELAINE CHAO	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(26) MICHELLE DE LA ISLA	1.00									
AT-LARGE BOARD MEMBER (BEG 7/24)	0.00	X						0.	0.	0.
1b Subtotal								5,493,047.	0.	545,685.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,493,047.	0.	545,685.

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 107

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELING SERVICE CO., LLC, 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022	ADVISORY SERVICES	877,500.
SOCIAL CAPITAL PARTNERSHIPS, 980 N. MICHIGAN AVE, ST. 1570, CHICAGO, IL 60611	ADVISORY SERVICES	793,662.
THE ALLIANCE GROUP 1950 OLD GALLOWS ROAD, VIENNA, VA 22180	STAFFING AND ADVISORY SERVICES	382,683.
WEBER SHANDWICK 733 10TH STREET, NW, WASHINGTON, DC 20001	COMMUNICATION AND PUBLIC RELATION SVCS	292,399.
CTM HOLDINGS, LLC DBA CONNER ACADEMY, 4060 PEACHTREE RD, STE 523, ATLANTA, GA 30319	ADVISORY SERVICES	276,813.

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 19

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) DARIENNE DRIVER HUDSON	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(28) HELENE GLOTZER	1.00									
AT-LARGE BOARD MEMBER (BEG 7/24)	0.00	X						0.	0.	0.
(29) CHRISTINA GUTIERREZ DE PINERES	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(30) BRIAN HULSEMAN-ABRAMS	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(31) SUNEETH KATARKI	1.00									
AT-LARGE BOARD MEMBER (TO 7/24)	0.00	X						0.	0.	0.
(32) ORVIN KIMBROUGH	1.00									
AT-LARGE BOARD MEMBER (TO 6/24)	0.00	X						0.	0.	0.
(33) TOM MCINERNEY	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(34) SWATI MYLAVARAPU	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(35) STEVE ORTIZ	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(36) MICHELE PARMELEE	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(37) MELISSA POTTER	1.00									
AT-LARGE BOARD MEMBER (BEG 7/24)	0.00	X						0.	0.	0.
(38) DAVID PRESCHLACK	1.00									
AT-LARGE BOARD MEMBER (TO 6/24)	0.00	X						0.	0.	0.
(39) DAVID SHAFFER	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(40) TERI SMITH	1.00									
AT-LARGE BOARD MEMBER (BEG 7/24)	0.00	X						0.	0.	0.
(41) LIZ SHULER	1.00									
AT-LARGE BOARD MEMBER (TO 6/24)	0.00	X						0.	0.	0.
(42) DEANNA STRABLE	1.00									
AT-LARGE BOARD MEMBER (TO 6/24)	0.00	X						0.	0.	0.
(43) GEETHA THARMARATNAM	1.00									
AT-LARGE BOARD MEMBER (BEG 7/24)	0.00	X						0.	0.	0.
(44) FRANCESCO VANNI D'ARCHRAFI	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
(45) LANHEE YOUNG	1.00									
AT-LARGE BOARD MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,046,025.				
	g Noncash contributions included in lines 1a-1f	1g	$ 3,110,859.				
	h Total. Add lines 1a-1f			41,046,025.			
Program Service Revenue		Business Code					
	2a MEMBERSHIP DUES	900099		28,810,543.	28,810,543.		
	b SERVICE INCOME	900099		567,072.	567,072.		
	c COURSE TUITION AND CONFERENCES	900099		204,649.	204,649.		
	d PROMOTIONAL MATERIAL SALES	900099		140,991.	140,991.		
	e OTHER	900099		1,000.	1,000.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			29,724,255.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			744,326.			744,326.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			308,332.			308,332.
			(i) Real	(ii) Personal			
	6a Gross rents	6a	335,588.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	335,588.				
	d Net rental income or (loss)			335,588.			335,588.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	19,496,721.				
	b Less: cost or other basis and sales expenses	7b	19,257,630.				
	c Gain or (loss)	7c	239,091.				
	d Net gain or (loss)			239,091.			239,091.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			72,397,617.	29,724,255.	0.	1,627,337.

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 X

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	11,629,961.	11,629,961.		
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	10,794,364.	10,794,364.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,092,544.	2,733,872.	759,750.	598,922.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	232,370.		232,370.	
7 Other salaries and wages	21,379,087.	14,560,431.	3,664,795.	3,153,861.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	998,995.	587,209.	264,963.	146,823.
9 Other employee benefits	2,329,836.	1,369,476.	617,942.	342,418.
10 Payroll taxes	1,760,813.	1,035,005.	467,020.	258,788.
11 Fees for services (nonemployees):				
a Management				
b Legal	753,337.	435,667.	186,606.	131,064.
c Accounting	293,839.	29,310.	264,529.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,170.		52,170.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,033,797.	8,657,987.	2,338,545.	1,037,265.
12 Advertising and promotion	2,360,391.	2,307,632.	38,870.	13,889.
13 Office expenses	730,147.	516,988.	125,404.	87,755.
14 Information technology	516,257.	284,856.	162,734.	68,667.
15 Royalties				
16 Occupancy	737,340.	427,140.	181,989.	128,211.
17 Travel	964,299.	633,421.	109,324.	221,554.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	548,315.	509,085.	28,452.	10,778.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,240,852.	713,062.	310,020.	217,770.
23 Insurance	251,344.	10,566.	240,481.	297.
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 DUES AND SUBSCRIPTIONS	1,316,609.	595,390.	423,219.	298,000.
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	75,016,667.	57,831,422.	10,469,183.	6,716,062.
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 X if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		4,300,143.	1	10,825,845.
	2	Savings and temporary cash investments		921,383.	2	531,161.
	3	Pledges and grants receivable, net		5,215,836.	3	3,845,267.
	4	Accounts receivable, net		1,768,839.	4	2,388,936.
	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		402,703.	9	572,481.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,922,565.			
	b	Less: accumulated depreciation	10b 33,868,734.	20,899,373.	10c	20,053,831.
	11	Investments - publicly traded securities		21,425,416.	11	13,574,446.
	12	Investments - other securities. See Part IV, line 11		5,387,758.	12	5,387,758.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		0.	14	159,107.
	15	Other assets. See Part IV, line 11		10,506,839.	15	10,638,496.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		70,828,290.	16	67,977,328.
Liabilities	17	Accounts payable and accrued expenses		2,394,220.	17	2,667,752.
	18	Grants payable			18	
	19	Deferred revenue		5,071,693.	19	4,836,509.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		8,619,989.	21	8,756,720.
	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		5,639,400.	25	3,626,581.
	26	**Total liabilities.** Add lines 17 through 25		21,725,302.	26	19,887,562.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		30,603,951.	27	24,314,261.
	28	Net assets with donor restrictions		18,499,037.	28	23,775,505.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		49,102,988.	32	48,089,766.
	33	Total liabilities and net assets/fund balances		70,828,290.	33	67,977,328.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,397,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,016,667.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,619,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,102,988.
5	Net unrealized gains (losses) on investments	5	412,408.
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	1,193,420.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,089,766.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY WORLDWIDE	13-1635294

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	203,785,891.	68,676,336.	54,355,890.	21,525,082.	41,046,025.	389,389,224.
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	203,785,891.	68,676,336.	54,355,890.	21,525,082.	41,046,025.	389,389,224.
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)						25,904,919.
6 **Public support.** Subtract line 5 from line 4.						363,484,305.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	203,785,891.	68,676,336.	54,355,890.	21,525,082.	41,046,025.	389,389,224.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,051,479.	937,907.	1,103,625.	1,588,862.	1,388,246.	6,070,119.
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.)						
11 **Total support.** Add lines 7 through 10						395,459,343.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 194,309,611.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 91.91 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 98.97 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ☐

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

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

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 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 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

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

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
UNITED WAY WORLDWIDE	13-1635294

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

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

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

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

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

Name of organization: UNITED WAY WORLDWIDE

Employer identification number: 13-1635294

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		$ 5,303,521.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 4,662,952.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 3,004,765.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 1,909,790.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,653,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNITED WAY WORLDWIDE

Employer identification number: 13-1635294

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 1,510,237.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 1,391,438.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 1,050,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 1,030,609.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 1,010,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
UNITED WAY WORLDWIDE	13-1635294

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
13		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNITED WAY WORLDWIDE

Employer identification number: 13-1635294

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
3	SECURITIES	$ 3,004,765.	11/07/24
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
UNITED WAY WORLDWIDE	13-1635294

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 C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
UNITED WAY WORLDWIDE	13-1635294

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,021.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,021.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

UNITED WAY WORLDWIDE ENGAGED IN A RANGE OF ACTIVITIES DESIGNED TO PROMOTE AWARENESS AND UNDERSTANDING OF HOW UNITED WAY AND OUR NETWORK MOBILIZES ABOVE CHALLENGES AND EXPANDS OPPORTUNITIES FOR ALL. THE ACTIVITIES INCLUDED ENGAGING IN DISCUSSIONS AND MEETINGS WITH FEDERAL POLICY MAKERS TO SHARE OUR EXPERTISE AND ADVOCATE FOR POLICIES THAT MAKE LIFE BETTER FOR INDIVIDUALS AND FAMILIES THROUGHOUT THE UNITED STATES.

THE AMOUNT REPORTED AS LOBBYING EXPENDITURES ON SCHEDULE C, LINE 1G REPRESENTS ESTIMATED COSTS OF DIRECT CONTACT WITH GOVERNMENT OFFICIALS BY CERTAIN PUBLIC POLICY EMPLOYEES OF UWW. AS SUCH, THIS AMOUNT IS

Part IV **Supplemental Information** *(continued)*

CATEGORIZED AS SALARIES AND WAGES ON PART IX, STATEMENT OF FUNCTIONAL EXPENSES, AND NOT AS LOBBYING EXPENSES.

SCHEDULE D (Form 990) (Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY WORLDWIDE

Employer identification number
13-1635294

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	24	
2	Aggregate value of contributions to (during year)	6,795,944.	
3	Aggregate value of grants from (during year)	10,352,436.	
4	Aggregate value at end of year	3,989,567.	

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,278,301.	4,085,598.	5,296,146.	15,787,066.	5,663,568.
b Contributions	1,713,184.	1,500,000.	890,800.	897,418.	9,622,145.
c Net investment earnings, gains, and losses	806,222.	844,772.	-779,788.	682,440.	1,517,900.
d Grants or scholarships					
e Other expenditures for facilities and programs	466,882.	152,069.	152,069.	12,070,778.	1,016,547.
f Administrative expenses					
g End of year balance	8,330,825.	6,278,301.	5,255,089.	5,296,146.	15,787,066.

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

a Board designated or quasi-endowment 45.0400 %
b Permanent endowment 54.9600 %
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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,102,080.		2,102,080.
b Buildings		41,908,556.	24,500,157.	17,408,399.
c Leasehold improvements				
d Equipment		8,195,464.	8,085,736.	109,728.
e Other		1,716,465.	1,282,841.	433,624.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				20,053,831.

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) LIMITED PARTNERSHIP INVESTMENT	5,387,758.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,387,758.	

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)	CUSTODIAL FUNDS (EFSP, YOURCAUSE, FRONTSTREAM)	8,364,998.
(2)	OTHER ASSETS	905,470.
(3)	CASH VALUE OF LIFE INSURANCE	625,114.
(4)	CHARITABLE GIFT ANNUITY	391,721.
(5)	DEFERRED COMPENSATION CUSTODIAL ASSETS	351,193.
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		10,638,496.

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)	ACCRUED PENSION	2,715,481.
(3)	POST RETIREMENT BENEFITS	764,539.
(4)	OTHER LIABILITIES	146,561.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		3,626,581.

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 ... X

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART IV, LINE 2B:

EXPLANATION OF ESCROW AGREEMENT

IN 1983, A NATIONAL BOARD WAS CONVENED TO OVERSEE DISTRIBUTION OF FUNDS THROUGH THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP), A SEPARATE CONGRESSIONALLY AUTHORIZED PROGRAM OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) WITHIN THE DEPARTMENT OF HOMELAND SECURITY (INDEPENDENT AGENCY PRIOR TO 2002). EACH YEAR, UWW HAS BEEN ELECTED BY THE EFSP NATIONAL BOARD TO SERVE AS ITS FISCAL AGENT. AS FISCAL AGENT, UWW IS THE INTERMEDIARY CUSTODIAN OF THE FUNDS AND IS RESPONSIBLE FOR THE DISBURSEMENT OF GRANTS AS DIRECTED BY THE NATIONAL BOARD. EFSP IS NOT CONSOLIDATED INTO THE ORGANIZATION'S FINANCIAL STATEMENTS. SINCE 1983, U.S. CONGRESS HAS ALLOCATED MORE THAN $6.7 BILLION TO THE FEMA TO PROVIDE EMERGENCY FOOD AND SHELTER TO NEEDY INDIVIDUALS THROUGHOUT THE COUNTRY. AS OF DECEMBER 31, 2024, UNDISTRIBUTED BALANCES OF $8,354,663 WERE INCLUDED IN THE CUSTODIAL FUNDS WITH A CORRESPONDING LIABILITY IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION OF UWW.

UWW ALSO MAINTAINS TWO FISCAL AGENT AGREEMENTS WITH THIRD PARTIES ON BEHALF OF ITS MEMBERS TO PROVIDE DONATION PROCESSING SERVICES RELATED TO CERTAIN EMPLOYEE GIVING CAMPAIGNS. THESE CAMPAIGNS ARE CONSIDERED "FUNDRAISING ACTIVITY" OF UWW'S MEMBERS, AND UWW DOES NOT RECORD REVENUE FROM THESE TRANSACTIONS. UWW DOES RECORD COLLECTED FUNDS, NOT YET DISTRIBUTED BY THE THIRD-PARTY PROCESSORS, AS A CUSTODIAL ASSET AND CUSTODIAL LIABILITY. AS OF DECEMBER 31, 2024, THE FUND'S MARKET VALUE OF $10,335 IS INCLUDED IN CUSTODIAL FUNDS.

Part XIII Supplemental Information *(continued)*

PART V, LINE 4:
INTENDED USES OF ENDOWMENT FUNDS
BOARD DESIGNATED QUASI-ENDOWMENT - UWW'S BOARD HAS DESIGNATED FUNDS BE SET ASIDE TO ESTABLISH AND MAINTAIN A QUASI-ENDOWMENT FOR THE PURPOSE OF SECURING THE ORGANIZATION'S LONG-TERM FINANCIAL VIABILITY AND CONTINUING TO MEET THE NEEDS OF THE ORGANIZATION.

DONOR RESTRICTED PERMANENT ENDOWMENT - THE ORGANIZATION'S DONOR RESTRICTED ENDOWMENT INCLUDES A FUND ESTABLISHED FOR THE PURPOSE OF PROVIDING HOME CARE AND ASSISTED LIVING TO THE ELDERLY POOR, WITH SPECIFIC REFERENCE TO ASSISTING OLDER PEOPLE TO REMAIN IN THEIR OWN HOMES.

PART V, LINE 1A, COLUMN (B):
EXPLANATION FOR CHANGE IN BEGINNING OF YEAR BALANCE
DURING 2023, IT WAS DETERMINED THAT AN ENDOWMENT IN THE AMOUNT OF $1,169,491 RECEIVED PRIOR TO 2023 SHOULD BE RECLASSIFIED TO AN UNRESTRICTED ASSET AND WAS REMOVED FROM BEGINNING BALANCE.

PART X, LINE 2:
FIN 48 (ASC 740) FOOTNOTE
UWW FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. UWW HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING		154,280.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	MEMBERSHIP SUPPORT	32,180.
EAST ASIA AND THE PACIFIC	2	4	GRANTMAKING		4,865,989.
EAST ASIA AND THE PACIFIC	2	4	PROGRAM SERVICES	MEMBERSHIP SUPPORT	1,062,533.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	GRANTMAKING		2,957,232.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	PROGRAM SERVICES	MEMBERSHIP SUPPORT	708,257.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		167,993.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	56,837.
3 a Subtotal	3	8			10,005,301.
b Total from continuation sheets to Part I	1	3			8,589,126.
c **Totals** (add lines 3a and 3b)	4	11			18,594,427.

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	0	GRANTMAKING		348,678.
NORTH AMERICA	1	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	72,727.
SOUTH AMERICA	0	2	GRANTMAKING		1,053,138.
SOUTH AMERICA	0	2	PROGRAM SERVICES	MEMBERSHIP SUPPORT	219,662.
SOUTH ASIA	0	1	GRANTMAKING		1,014,806.
SOUTH ASIA	0	1	PROGRAM SERVICES	MEMBERSHIP SUPPORT	211,667.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		232,248.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	48,442.
SUB-SAHARAN AFRICA	0	0	INVESTMENT		5,387,758.
Totals ▶	1	3			8,589,126.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION, GENERAL CHARITABLE OPERATIONS	30,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL CHARITABLE OPERATIONS	57,144.	BANK WIRE	0.		
		SOUTH ASIA	ENVIRONMENTAL SUSTAINABILITY	30,279.	BANK WIRE	0.		
		SOUTH ASIA	ENVIRONMENTAL SUSTAINABILITY	329,541.	BANK WIRE	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	57,143.	BANK WIRE	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	57,146.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION, COMMUNITY DEVELOPMENT	99,000.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EDUCATION, HUMANITARIAN RELIEF	160,821.	BANK WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 121

3 Enter total number of other organizations or entities .....

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMMUNITY DEVELOPMENT	592,500.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GENERAL CHARITABLE OPERATIONS	7,172.	BANK WIRE	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	177,665.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION, GENERAL CHARITABLE OPERATIONS	83,750.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	35,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	13,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH, EDUCATION	43,095.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	COMMUNITY DEVELOPMENT	8,411.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	13,000.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION	10,000.	BANK WIRE	0.		
		SOUTH AMERICA	ENVIRONMENT, COMMUNITY DEVELOPMENT	42,000.	BANK WIRE	0.		
		SOUTH AMERICA	NUTRITION / FOOD SECURITY, EDUCATION	58,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	14,860.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION/FOOD SECURITY	15,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION, ENVIRONMENT, COMMU DEVLP, GENERAL CHARITABLE OPERATIONS	45,875.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENT	50,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	10,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION / FOOD SECURITY, GENERAL CHARITABLE OPERATIONS	467,660.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EDUCATION	7,200.	BANK WIRE	0.		
		NORTH AMERICA	EDUCATION	14,019.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	47,500.	BANK WIRE	0.		
		SOUTH ASIA	HUMAN & SOCIAL SERVICES	119,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMMUNITY DEVELOPMENT	100,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENT	100,000.	BANK WIRE	0.		
		SOUTH ASIA	INCOME, ENVIRONMENT, EDUCATION	143,855.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT	10,000.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	20,000.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	235,935.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMMUNITY DEVELOPMENT	186,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	30,286.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	24,836.	BANK WIRE	0.		
		SOUTH AMERICA	ENVIRONMENT	15,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION	217,548.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH, INCOME, ENVIRONMENT	81,900.	BANK WIRE	0.		
		SOUTH AMERICA	ENVIRONMENT	30,286.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	13,869.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION	30,334.	BANK WIRE	0.		
		NORTH AMERICA	HEALTH	12,000.	BANK WIRE	0.		
		SOUTH AMERICA	ARTS & HUMANITIES, HEALTH	35,639.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	31,132.	BANK WIRE	0.		
		NORTH AMERICA	HEALTH	11,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	9,950.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	7,148.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENT	10,100.	BANK WIRE	0.		
		NORTH AMERICA	EDUCATION, HEALTH	38,118.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION	14,617.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH, EDUCATION, DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT	112,148.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH, EDUCATION, COMMUNITY DEVELOPMENT	129,760.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	10,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL CHARITABLE OPERATIONS	7,500.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENT	13,800.	BANK WIRE	0.		
		NORTH AMERICA	NUTRITION / FOOD SECURITY	36,000.	BANK WIRE	0.		
		NORTH AMERICA	NUTRITION / FOOD SECURITY	15,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENT	101,115.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	EDUCATION	20,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	10,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMMUNITY DEVELOPEMENT	14,151.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	20,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	40,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	14,151.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	15,000.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	15,000.	BANK WIRE	0.		
		SOUTH ASIA	EDUCATION	60,340.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	10,150.	BANK WIRE	0.		
		NORTH AMERICA	HEALTH	24,876.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	20,000.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	20,000.	BANK WIRE	0.		
		SOUTH AMERICA	HUMAN & SOCIAL SERVICES	15,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	26,750.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	9,346.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	10,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY DEVELOPMENT	12,500.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	EDUCATION	38,692.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	4,000,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	20,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	40,000.	BANK WIRE	0.		
		SOUTH ASIA	ENVIRONMENT, EDUCATION	21,366.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	9,434.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	9,486.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	40,979.	BANK WIRE	0.		
		SOUTH AMERICA	ENVIRONMENT	10,000.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EDUCATION	10,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	46,911.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	19,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENT	10,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	76,475.	BANK WIRE	0.		
		SOUTH ASIA	EDUCATION	9,252.	BANK WIRE	0.		
		SOUTH ASIA	INCOME	18,679.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	20,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENT	584,112.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	NUTRITION / FOOD SECURITY	50,000.	BANK WIRE	0.		
		SOUTH ASIA	NUTRITION / FOOD SECURITY	10,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	6,350.	BANK WIRE	0.		
		SOUTH ASIA	ENVIRONMENT, GENERAL CHARITABLE OPERATIONS	15,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION / FOOD SECURITY	75,000.	BANK WIRE	0.		
		SOUTH ASIA	NUTRITION / FOOD SECURITY	150,000.	BANK WIRE	0.		
		SOUTH AMERICA	NUTRITION / FOOD SECURITY	10,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION / FOOD SECURITY	80,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	ENVIORNMENT	8,000.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	NUTRITION / FOOD SECURITY	50,000.	BANK WIRE	0.		
		SOUTH AMERICA	NUTRITION / FOOD SECURITY	10,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	ENVIORNMENT	27,000.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION, COMMUNITY DEVELOPMENT, GENERAL CHARITABLE OPERATIONS	174,134.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	50,000.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	9,346.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	9,346.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	9,346.	BANK WIRE	0.		
		SOUTH ASIA	INCOME	9,252.	BANK WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	ENVIRONMENT	13,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	9,000.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	15,000.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	7,128.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	14,948.	BANK WIRE	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	[ ] Yes	[X] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	[X] Yes	[ ] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
PROCEDURES FOR MONITORING USE OF GRANT FUNDS
GRANTEES ARE REQUIRED TO SUBMIT A NARRATIVE PROPOSAL AND BUDGET ABOUT THE PROJECT FOR WHICH FUNDING IS BEING REQUESTED IN ORDER TO BE CONSIDERED FOR FUNDING. WHEN FUNDS ARE AWARDED, THE GRANTEE IS REQUIRED TO SIGN A BINDING CONTRACT WHICH ESTABLISHES THE PURPOSE OF THE FUNDING AND, WHEN APPLICABLE, REQUIRES THE SUBMISSION OF AN INTERIM AND FINAL FINANCIAL REPORT, ALONG WITH THE NARRATIVE REPORTS, DETAILING THE ACTUAL EXPENSES AND DESCRIBING THE ACTUAL USAGE OF THE AWARDED FUNDS. THE FINANCIAL REPORTS MUST BE SIGNED BY THE AUTHORIZED PERSONNEL OF THE GRANTEE ORGANIZATION. THESE REPORTS ARE THEN REVIEWED BY THE UNITED WAY WORLDWIDE MANAGER OVERSEEING THE PROJECT(S), AND THEN COMPARED TO THE ORIGINAL PROPOSAL SUBMITTED WHEN FUNDING IS REQUESTED.

PART I, LINE 3:
INVESTMENT IN EAST ASIA AND THE PACIFIC
UNITED WAY WORLDWIDE HAS A 100% INVESTMENT IN UNITED WAY WORLDWIDE (ASIA) LIMITED, A TAX-EXEMPT ENTITY IN HONG KONG. SEE SCHEDULE R, PART II. AS A WHOLLY OWNED SUBSIDIARY, INVESTMENT IN UNITED WAY (ASIA) LIMITED IS CARRIED AT A VALUE OF $0.00 AND ITS EXPENSES REPORTED AS FOREIGN GRANT EXPENSE ON SCHEDULE F.

PARTS I AND II:
METHOD TO ACCOUNT FOR EXPENDITURES: ACCRUAL

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY WORLDWIDE

Employer identification number
13-1635294

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2-1-1 BIG BEND INC PO BOX 10950 TALLAHASSEE, FL 32302	51-0201771	501(C)(3)	30,325.	0.			HEALTH
211 BREVARD INC 1007 PATHFINDER WAY ROCKLEDGE, FL 32955	59-1897447	501(C)(3)	10,000.	0.			HEALTH
211 INFO PO BOX 11830 PORTLAND, OR 97211	93-0784586	501(C)(3)	15,000.	0.			HEALTH
211 PALM BEACH TREASURE COAST, INC. - P.O. BOX 3588 - LANTANA, FL 33465-3588	23-7153017	501(C)(3)	45,000.	0.			HEALTH
2-1-1 TAMPA BAY CARES, INC. 5500 RIO VISTA DR., SUITE 5500 CLEARWATER, FL 33760	59-3355555	501(C)(3)	45,000.	0.			HEALTH
ALOHA UNITED WAY 200 NORTH VINEYARD BOULEVARD STE 70 HONOLULU, HI 96817	99-0073494	501(C)(3)	6,000.	0.			GENERAL CHARITABLE OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 209.

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

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
ASSOCIATION FOR FINANCIAL COUNSELING & PLANNING EDUCATION - 1940 DUKE STREET STE - ALEXANDRIA, VA 22314	38-2627822	501(C)(3)	11,184.	0.			ECONOMIC MOBILITY
BURKE COUNTY UNITED WAY 121 WEST UNION STREET MORGANTON, NC 28655	56-0929553	501(C)(3)	17,093.	0.			DISASTER RELIEF & RECOVERY
CAPE FEAR AREA UNITED WAY, INC. 127 GRACE STREET WILMINGTON, NC 28403	56-0529949	501(C)(3)	5,100.	0.			COMMUNITY DEVELOPMENT
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE SUITE 375 - ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	556,230.	0.			EDUCATION
CHESTER COUNTY UNITED WAY 150 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341	23-2131877	501(C)(3)	15,926.	0.			DISASTER RELIEF & RECOVERY
COMMUNITY CRISIS SERVICES 1121 GILBERT COURT IOWA CITY, IA 52240	42-0955992	501(C)(3)	9,000.	0.			ECONOMIC MOBILITY
CONTRA COSTA CRISIS CENTER 307 LENNON LINE WALNUT CREEK, CA 94598	94-1747227	501(C)(3)	6,750.	0.			HUMAN & SOCIAL SERVICES
CRISIS CONNECTIONS 2901 THIRD AVENUE SUITE 100 SEATTLE, WA 98121	91-0773187	501(C)(3)	20,800.	0.			HUMAN & SOCIAL SERVICES
DELAWARE HELPLINE, INC. 625 N. ORANGE ST. 3RD FLOOR WILMINGTON, DE 19801	51-0376406	501(C)(3)	35,000.	0.			HEALTH

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
FIRST CALL FOR HELP OF BROWARD INC. DBA 2-1-1 BROWARD - 3317 NW 10TH TERRACE, SUITE #403 - FORT LAUDERDALE, FL 33309	65-0589294	501(C)(3)	60,000.	0.			HEALTH
FRONTIER BEHAVIORAL HEALTH 107 S DIVISION STREET SPOKANE, WA 99202	91-0853801	501(C)(3)	10,000.	0.			HEALTH
GREAT RIVERS UNITED WAY, INC. 1855 E MAIN STREET ONALASKA, WI 54650-6727	39-0848188	501(C)(3)	25,000.	0.			HUMAN & SOCIAL SERVICES
GREATER VALDOSTA UNITED WAY, INC. 1609 N. PATTERSON STREET VALDOSTA, GA 31602	58-0643332	501(C)(3)	62,490.	0.			DISASTER RELIEF & RECOVERY
GREEN MOUNTAIN UNITED WAY 652 GRANGER ROAD BARRE, VT 05641	03-0261384	501(C)(3)	20,000.	0.			ECONOMIC MOBILITY
HANDSON RIVER REGION 211 101 COLISEUM BLVD MONTGOMERY, AL 36109	63-0663412	501(C)(3)	37,000.	0.			HUMAN & SOCIAL SERVICES
HEAD OF THE LAKES UNITED WAY 314 WEST SUPERIOR STREET, STE 750 DULUTH, MN 55802	41-0857077	501(C)(3)	5,450.	0.			EDUCATION
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	90,000.	0.			COMMUNITY DEVELOPMENT
HEART OF GEORGIA UNITED WAY PO BOX 857 DUBLIN, GA 31040-0857	58-2130663	501(C)(3)	22,675.	0.			DISASTER RELIEF & RECOVERY

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
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW, STE 100 GRAND RAPIDS , MI 49503-4106	38-1360923	501(C)(3)	27,025.	0.			GENERAL CHARITABLE OPERATIONS
HELPLINE CENTER, INC. 3817 S ELMWOOD AVENUE SIOUX FALLS, SD 57108	23-7424387	501(C)(3)	45,000.	0.			HEALTH
HIGH COUNTRY UNITED WAY (NC) PO BOX 247 BOONE, NC 28607-0247	56-1218079	501(C)(3)	51,410.	0.			COMMUNITY DEVELOPMENT
INLAND SOUTHERN CALIFORNIA 211+ PO BOX 1613 RIVERSIDE, CA 92502	95-2287250	501(C)(3)	5,400.	0.			HUMAN & SOCIAL SERVICES
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD. SUITE 1 - CAMARILLO, CA 93012	95-2944459	501(C)(3)	39,330.	0.			HUMAN & SOCIAL SERVICES
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA - 12000 BISCAYNE BLVD, SUITE 303 - MIAMI, FL 33142	59-0637867	501(C)(3)	10,000.	0.			HEALTH
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD, NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	10,000.	0.			GENERAL CHARITABLE OPERATIONS
METRO UNITED WAY, INC. 334 E. BROADWAY LOUISVILLE, KY 40202	61-0444680	501(C)(3)	31,480.	0.			COMMUNITY DEVELOPMENT
MICHIGAN 2-1-1 330 MARSHALL STREET, STE 211 LANSING, MI 48912	05-0609172	501(C)(3)	70,000.	0.			HEALTH

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
MILE HIGH UNITED WAY PO BOX 5547 DENVER, CO 80217-9425	84-0404235	501(C)(3)	61,664.	0.			HUMAN & SOCIAL SERVICES
MONEY MANAGEMENT INTERNATIONAL, INC.DBA NEVADA 211 - 8685 W. SAHARA STE 240 - LAS VEGAS, NV 89117	54-1837741	501(C)(3)	16,200.	0.			HUMAN & SOCIAL SERVICES
ORANGE COUNTY UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614-6008	33-0047994	501(C)(3)	12,000.	0.			ECONOMIC MOBILITY
PEOPLE FOR PEOPLE 304 W LINCOLN AVENUE YAKIMA, WA 98902	91-0783225	501(C)(3)	18,000.	0.			GENERAL CHARITABLE OPERATIONS
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS , CO 80903	84-0511799	501(C)(3)	23,470.	0.			HUMAN & SOCIAL SERVICES
PUEBLO COUNTY UNITED WAY, INC. PO BOX 11566 PUEBLO, CO 81001-0566	84-0404917	501(C)(3)	20,000.	0.			GENERAL CHARITABLE OPERATIONS
RAPPAHANNOCK UNITED WAY, INC. 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408	54-6042936	501(C)(3)	7,750.	0.			HUMAN & SOCIAL SERVICES
ROWAN COUNTY UNITED WAY INC 131 W. INNES STREET, STE 201 SALISBURY, NC 28144-1186	56-0642828	501(C)(3)	24,813.	0.			DISASTER RELIEF & RECOVERY
SOLARI, INC. 1275 W. WASHINGTON ST., SUITE 201 TEMPE, AZ 85281	26-0446321	501(C)(3)	126,000.	0.			HUMAN & SOCIAL SERVICES

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
STRIVE TOGETHER, INC 363 W COMPTON BLVD COMPTON, CA 90220	46-4201925	501(C)(3)	20,000.	0.			GENERAL CHARITABLE OPERATIONS
TRIDENT UNITED WAY PO BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	6,700.	0.			COMMUNITY DEVELOPMENT
TULSA AREA UNITED WAY PO BOX 1859 TULSA, OK 74101-1859	73-0580283	501(C)(3)	30,000.	0.			EDUCATION
UNITED WAY EMERALD COAST, INC. 112 TUPELO AVE SE FORT WALTON BEACH, FL 32548-5555	59-0972293	501(C)(3)	8,250.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE RD, 5TH FLOOR AUSTIN, TX 78752	74-1193439	501(C)(3)	50,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY FOX CITIES, INC. 1455 MIDWAY RD MENASHA, WI 54952	39-0912895	501(C)(3)	18,075.	0.			EDUCATION
UNITED WAY NEXT 701 N FAIRFAX STREET ALEXANDRIA, VA 22314	54-2026707	501(C)(3)	30,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF AIKEN COUNTY, INC. (SC) - PO BOX 699 - AIKEN, SC 29802-0699	57-0360086	501(C)(3)	26,402.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF ALAMANCE COUNTY, INC. - 220 EAST FRONT STREET - BURLINGTON, NC 27215	56-0599239	501(C)(3)	5,500.	0.			COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ALLENDALE, BARNWELL, & BAMBERG COUNTIES - 660 JOEY ZORN BOULEVARD - BARNWELL, SC 29812	23-7331931	501(C)(3)	11,729.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF ANCHORAGE PO BOX 200108 ANCHORAGE, AK 99520	92-0027948	501(C)(3)	10,000.	0.			HEALTH
UNITED WAY OF ANDERSON COUNTY (SC) PO BOX 2067 ANDERSON, SC 29625	57-0510602	501(C)(3)	27,000.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF ASHEVILLE AND BUNCOMBE COUNTY (NC) - 50 S. FRENCH BROAD AVE. - ASHEVILLE, NC 28801-3271	56-0576157	501(C)(3)	88,988.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF ATHENS & LIMESTONE COUNTY - 419 S MARION STREET - ATHENS, AL 35611-2507	51-0187947	501(C)(3)	10,000.	0.			EDUCATION
UNITED WAY OF BROWARD COUNTY INC 1300 S. ANDREWS AVENUE ANSIN BULDING - FORT LAUDERDALE, FL 33316-1838	59-0624402	501(C)(3)	8,500.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF BUFFALO & ERIE COUNTY - 742 CLEVELAND AVENUE, - BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF CALIFORNIA 1107 FAIR OAKS AVENUE, SUITE 12 SOUTH PASADENA, CA 91030	94-1225382	501(C)(3)	343,333.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF CENTRAL & SOUTHERN UTAH - 148 N 100 W - PROVO, UT 84601	94-2851681	501(C)(3)	10,990.	0.			HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL ALABAMA, INC. - 3600 8TH AVENUE SOUTH - BIRMINGHAM, AL 35222	63-0288846	501(C)(3)	6,750.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF CENTRAL EASTERN CALIFORNIA - 1707 EYE ST, 3RD FLOOR - BAKERSFIELD, CA 93301	95-2274560	501(C)(3)	6,750.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF CENTRAL FLORIDA 5605 US HWY 98 S LAKELAND, FL 33812	59-2116280	501(C)(3)	18,009.	0.			HUMAN & SOCIAL SERVICES, COMMUNITY DEVELOPMENT
UNITED WAY OF CENTRAL GEORGIA PO BOX 1302 MACON, GA 31202	58-0639811	501(C)(3)	19,237.	0.			HUMAN & SOCIAL SERVICES, HEALTH, COMMUNITY DEVELOPMENT
UNITED WAY OF CENTRAL INDIANA 2955 N. MERIDISN STREET, STE 300 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	25,750.	0.			EDUCATION, COMMUNITY ENGAGEMENT
UNITED WAY OF CENTRAL JERSEY 32 FORD AVENUE MILLTOWN, NJ 08850	22-1520408	501(C)(3)	10,260.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD, STE 340 BALTIMORE, MD 21230	52-0591543	501(C)(3)	105,300.	0.			EDUCATION, HUMAN & SOCIAL SERVICES, DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES STREET SYRACUSE, NY 13203	15-0532073	501(C)(3)	70,025.	0.			HUMAN & SOCIAL SERVICES, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF CENTRAL OHIO 215 N. FRONT STE. STE 600 COLUMBUA, OH 43215	31-4393712	501(C)(3)	80,600.	0.			EDUCATION, GENERAL CHARITABLE OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL WEST VIRGINIA - ONE UNITED WAY SQUARE - CHARLESTON, WV 25301	55-0402755	501(C)(3)	11,450.	0.			EDUCATION, COMMUNITY DEVELOPMENT
UNITED WAY OF CHARLOTTE COUNTY, INC. (FL) - 17831 MURDOCK CIRCLE, SUITE A - PORT CHARLOTTE, FL 33948	59-1149995	501(C)(3)	37,013.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF CITRUS COUNTY 1582 N MEADOWCREST BLVD CRYSTAL RIVER, FL 34429	59-2766815	501(C)(3)	9,239.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY OF COASTAL AND WESTERN CONNECTICUT - 301 MAIN ST., STE 2-5 - DANBURY, CT 06810	06-0646577	501(C)(3)	25,000.	0.			EDUCATION
UNITED WAY OF COASTAL GEORGIA, INC. - PO BOX 877 - BRUNSWICK, GA 31521	58-0671327	501(C)(3)	21,899.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF COLLIER AND KEYS 9015 STRADA STELL COURT SUITE 204 NAPLES, FL 34109	59-1026096	501(C)(3)	6,698.	0.			HUMAN & SOCIAL SERVICES, COMMUNITY DEVELOPMENT
UNITED WAY OF COLQUITT COUNTY (GA) PO BOX 969 MOULTRIE, GA 31776-0969	58-0955533	501(C)(3)	15,829.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF EAST TENNESSEE HIGHLANDS - PO BOX 4039 - JOHNSON CITY, TN 37602-4039	62-6001105	501(C)(3)	114,735.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY OF EASTERN FRONTIER COUNTRY, INC. - PO BOX 697 - SHAWNEE, OK 74802-0697	73-0732745	501(C)(3)	9,855.	0.			HUMAN & SOCIAL SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FLORIDA 307-B EAST 7TH AVENUE TALLAHASSEE, FL 32303-5520	59-2104175	501(C)(3)	25,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF FORSYTH COUNTY, INC. (NC) - 301 NORTH MAIN STREET STE 1700 - WINSTON-SALEM, NC 27101	23-7357234	501(C)(3)	18,073.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF FREDERICK COUNTY, INC. - 629 N.MARKET STREET - FREDERICK, MD 21705-0307	52-0607973	501(C)(3)	9,250.	0.			HUMAN & SOCIAL SERVICES, COMMUNITY DEVELOPMENT
UNITED WAY OF GASTON COUNTY, INC. PO BOX 2597 GASTONIA, NC 28053-2597	56-0653356	501(C)(3)	31,568.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST NE STE 300 ATLANTA, GA 30303	58-0566194	501(C)(3)	460,565.	0.			COMMU DEVP, HEALTH, EDU, HUMAN & SOCIAL SVCS, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF GREATER CHARLOTTE 601 EAST 5TH ST STE 350 CHARLOTTE, NC 28202	56-0529948	501(C)(3)	100,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 E. HIGH ST - CHARLOTTESVILLE, VA 22902-5126	54-0505882	501(C)(3)	16,000.	0.			HUMAN & SOCIAL SERVICES, COMMUNITY DEVELOPMENT
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	40,510.	0.			HUMAN & SOCIAL SERVICES, HEALTH, EDUCATION, COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER HIGH POINT, INC. - 815 PHILLIPS AVE - HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	17,500.	0.			COMMUNITY DEVELOPMENT, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	440,950.	0.			COMM ENG, DISASTER RELIEF & RECOVERY, ECO MOBILITY, COMM DEVELP, HUMAN & SOCIAL SVCS.
UNITED WAY OF GREATER KANSAS CITY, INC. - 801 WEST 47TH STREET STE 500 - KANSAS CITY, MO 64112-1377	44-0545812	501(C)(3)	88,200.	0.			EDUCATION, ECONOMIC MOBILITY, HUMAN & SOCIAL SERVICES
UNITED WAY OF GREATER LOS ANGELES 515 S. FIGUEROA STREET, STE 900 LOS ANGELES, CA 90071	95-2274801	501(C)(3)	226,900.	0.			COMMUNITY DEVELOPMENT, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 W VINE ST - MILWAUKEE, WI 53212-3935	39-0806190	501(C)(3)	50,000.	0.			HUMAN & SOCIAL SERVICES, EDUCATION
UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228-1604	62-0533104	501(C)(3)	55,107.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY OF GREATER RICHMOND & PETERSBURG - 7814 CAROUSEL LANE, #400 - RICHMOND, VA 23294	23-7375346	501(C)(3)	36,450.	0.			EDUCATION, COMMUNITY DEVELOPMENT
UNITED WAY OF GREATER ST. LOUIS PO BOX 503485 SAINT LOUIS, MO 63150-3485	43-0714167	501(C)(3)	22,200.	0.			EDUCATION, HUMAN & SOCIAL SERVICES
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVE. N., STE 300 CANTON, OH 44702	13-4254191	501(C)(3)	35,125.	0.			HUMAN & SOCIAL SERVICES

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UNITED WAY OF GREATER TOLEDO 1001 MADISON AVE. STE.100 TOLEDO, OH 43604-1495	34-4427947	501(C)(3)	33,250.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF GREATER TRIANGLE, INC. - PO BOX 110583 - DURHAM, NC 27709	56-1949103	501(C)(3)	41,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF GREENE COUNTY, INC. (TN) - 115 ACADEMY STREET - GREENEVILLE, TN 37743-5601	62-6015767	501(C)(3)	19,297.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF GREENVILLE COUNTY, INC. (SC) - 105 EDINBURGH COURT - GREENVILLE, SC 29615	57-0362066	501(C)(3)	154,000.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT, EDUCATION
UNITED WAY OF HAYWOOD COUNTY, INC. (NC) - PO BOX 1139 - WAYNESVILLE, NC 28786-1139	23-7112548	501(C)(3)	21,712.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF HENRY COUNTY AND MARTINSVILLE - PO BOX 951 - MARTINSVILLE, VA 24114-0951	54-0753318	501(C)(3)	25,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF HERNANDO COUNTY, INC. - 4028 COMMERCIAL WAY - SPRING HILL, FL 34606-2398	59-2848474	501(C)(3)	29,613.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF HOWARD COUNTY & TIPTON COUNTIES - 125 NORTH BUCKEYE STREET - KOKOMO, IN 46901	35-0877579	501(C)(3)	13,500.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF HUNTINGTON COUNTY, INC. - PO BOX 347 - HUNTINGTON, IN 46750-0347	35-1134872	501(C)(3)	7,358.	0.			HUMAN & SOCIAL SERVICES

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UNITED WAY OF IREDELL COUNTY 305 N. CENTER STREET STATESVILLE, NC 28677	56-0792674	501(C)(3)	43,336.	0.			DISASTER RELIEF & RECOVERY, HUMAN & SOCIAL SERVICES
UNITED WAY OF JACKSON COUNTY, INC. PO BOX 120 EDNA, TX 77957-0120	74-2822182	501(C)(3)	10,000.	0.			EDUCATION
UNITED WAY OF JEFFERSON & NORTH WALWORTH COUNTIES - 734 MADISON AVENUE - FORT ATKINSON, WI 53538-1361	39-6046361	501(C)(3)	9,100.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF KENTUCKY 334 E BROADWAY STE 308 LOUISVILLE, KY 40202-1739	31-1106795	501(C)(3)	30,000.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF KING COUNTY 720 2ND AVE SEATTLE, WA 98104-1702	91-0565555	501(C)(3)	234,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF KITSAP COUNTY 645 4TH UNIT 101 BREMERTON, WA 98337	91-0623990	501(C)(3)	10,000.	0.			HEALTH
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR LANCASTER, PA 17601	23-1352093	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF LAURENS COUNTY, INC. (SC) - PO BOX 544 - CLINTON, SC 29325-0544	23-7011064	501(C)(3)	18,667.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF LEE COUNTY, INC. PO BOX 382 DIXON, IL 61021-0382	23-7170214	501(C)(3)	16,757.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT

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UNITED WAY OF LEE, HENDRY, AND GLADES COUNTIES (FL) - 7273 CONCOURSE DR - FORT MYERS, FL 33908	59-1005169	501(C)(3)	142,062.	0.			DISASTER RELIEF & RECOVERY, HEALTH
UNITED WAY OF LINCOLN & LANCASTER COUNTY - 238 S 13TH ST STE 100 - LINCOLN, NE 68508	47-0376624	501(C)(3)	9,565.	0.			HUMAN & SOCIAL SERVICES, COMMUNITY ENGAGEMENT
UNITED WAY OF LOGAN COUNTY, INC. 130 S MAIN STREET #109 BELLEFONTAINE, OH 43311	34-0905716	501(C)(3)	5,250.	0.			ECONOMIC MOBILITY
UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK, NY 11729-5703	11-6042392	501(C)(3)	8,100.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF MADISON COUNTY, INC. 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35601	63-0366294	501(C)(3)	99,800.	0.			HUMAN & SOCIAL SERVICES, EDUCATION
UNITED WAY OF MARION COUNTY, INC. 1401 NE 2ND STREET OCALA, FL 34470-6837	59-0946642	501(C)(3)	6,687.	0.			HEALTH, COMMUNITY DEVELOPMENT
UNITED WAY OF MARQUETTE COUNTY PO BOX 73 MARQUETTE, MI 49855-0073	38-1358204	501(C)(3)	12,250.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF MARTIN COUNTY, INC. 10 SE CENTRAL PARKWAY, STE 101 STUART, FL 34994	23-7273540	501(C)(3)	21,222.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF MCDUFFIE COUNTY PO BOX 87 THOMSON, GA 30824-0087	58-6047224	501(C)(3)	15,125.	0.			DISASTER RELIEF & RECOVERY

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UNITED WAY OF METROPOLITAN CHICAGO 222 MERCHANDIES MART PLAZA, STE 638 CHICAGO , IL 60654	30-0200478	501(C)(3)	226,650.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF METROPOLITAN DALLAS, INC - 1800 N. LAMAR STREET - DALLAS, TX 75202	75-6005352	501(C)(3)	421,365.	0.			COMMUNITY DEVELOPMENT, EDUCATION, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF MIAMI ANSIN BLDG, 3250 SW THIRD AVENUE MIAMI, FL 33129-2712	59-0830840	501(C)(3)	20,500.	0.			ECONOMIC MOBILITY, COMMUNITY DEVELOPMENT
UNITED WAY OF NATRONA COUNTRY PO BOX 2046 CASPER, NY 82602-2046	83-4181315	501(C)(3)	6,700.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF NEW YORK CITY 205 42ND STREET NEW YORK, NY 10016	13-2617681	501(C)(3)	27,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF NORTH CAROLINA 1130 KILDARE FARM ROAD SUITE 100 CARY, NC 27511	56-0564547	501(C)(3)	736,333.	0.			DISASTER RELIEF & RECOVERY, HEALTH, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF NORTH CENTRAL FLORIDA - 6031 NW 1ST PL - GAINESVILLE, FL 32607-2025	59-0808855	501(C)(3)	70,119.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF NORTH CENTRAL NEW MEXICO - C/O ED RIVERA 2340 ALAMO AVE, SE 2ND FLOOR - ALBUQUERQUE, NM 87106	85-0277138	501(C)(3)	27,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF NORTHEAST FLORIDA, INC. - 40 E. ADAMS STREET, SUITE 301 - JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	31,200.	0.			COMMUNITY DEVELOPMENT, HUMAN & SOCIAL SERVICES

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UNITED WAY OF NORTHEAST GEORGIA 1 HUNTINGTON ROAD, SUITE 805 ATHENS, GA 30606	58-6008133	501(C)(3)	10,000.	0.			HEALTH, COMMUNITY DEVELOPMENT
UNITED WAY OF NORTHERN CALIFORNIA 3300 CHURN CREEK ROAD REDDING , CA 96002	94-1251675	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF NORTHERN NEVADA AND THE SIERRA - 639 ISBELL ROAD, SUITE 460 - RENO, NV 89509	88-0059327	501(C)(3)	5,870.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF NORTHERN NEW JERSEY 639 ISBELL ROAD, SUITE 460 MORRISTOWN, NJ 07962-1948	22-1487247	501(C)(3)	100,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF NORTHWEST FLORIDA PO BOX 586 PANAMA CITY, FL 32402-0586	59-0863698	501(C)(3)	10,000.	0.			EDUCATION
UNITED WAY OF NORTHWEST GEORGIA 816 S THORNTON AVE., DALTON, GA 30720	58-0905881	501(C)(3)	15,000.	0.			HEALTH, COMMUNITY DEVELOPMENT
UNITED WAY OF NORTHWEST VERMONT INC. - 412 FARRELL STREET, SUITE 200 - BURLINGTON, VT 05403	03-0217229	501(C)(3)	27,063.	0.			ECONOMIC MOBILITY
UNITED WAY OF OCONEE COUNTY PO BOX 1693 SENECA, SC 29679	57-0479292	501(C)(3)	16,685.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF ONSLOW COUNTY, INC. 403 N. BAYSHORE BLVD. JACKSONVILLE, NC 28540	23-7356577	501(C)(3)	14,375.	0.			HUMAN & SOCIAL SERVICES

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UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	59-0683258	501(C)(3)	8,500.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF PASCO COUNTY (FL) 17230 CAMELOT COURT L AND O LAKES, FL 34638-7202	59-2193178	501(C)(3)	96,498.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF PENNSYLVANIA 240 N. THIRD STREET, STE 1000 HARRISBURG, PA 17101	23-1672348	501(C)(3)	65,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF PICKENS COUNTY (SC) PO BOX 96 EASLEY, SC 29641-0096	57-0476249	501(C)(3)	28,639.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401-2215	91-0650669	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH STE 300 SALT LAKE CITY, UT 84111-8099	93-2854627	501(C)(3)	80,450.	0.			HUMAN & SOCIAL SERVICES, HEALTH, EDUCATION
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - PO BOX 898 - SAN ANTONIO, TX 78293-0898	74-1272381	501(C)(3)	5,450.	0.			EDUCATION, COMMUNITY DEVELOPMENT
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123-5371	95-2213995	501(C)(3)	235,125.	0.			COMMUNITY DEVELOPMENT & HUMAN & SOCIAL SERVICES
UNITED WAY OF SAN JOAQUIN COUNTY, INC. - 777 N. PERSHING AVE, STE 2B - STOCKTON, CA 95203	94-1279805	501(C)(3)	35,000.	0.			EDUCATION, COMMUNITY DEVELOPMENT

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UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S WESTNEDGE AVE - KALAMAZOO, MI 49007-6003	38-1359193	501(C)(3)	25,000.	0.			EDUCATION
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVENUE NORFOLK, VA 23513	54-0506322	501(C)(3)	60,000.	0.			EDUCATION, COMMUNITY DEVELOPMENT
UNITED WAY OF SOUTH SARASOTA COUNTY, INC. (FL) - 4242 SOUTH TAMIAMI TRAIL - VENICE, FL 34293	59-1100846	501(C)(3)	53,137.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF SOUTHEAST GEORGIA, INC. - 515 DENMARK STREET,STE 2300 - STATESBORO, GA 30458	58-1427518	501(C)(3)	40,003.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF SOUTHEAST IOWA 218 N 3RD ST STE 217 BURLINGTON, IA 52601-5320	42-0680362	501(C)(3)	8,580.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119-6435	72-0471369	501(C)(3)	62,484.	0.			EDUCATION, DISASTER RELIEVE & RECOVERY, HUMAN & SOCIAL SERVICES, ECONOMIC MOBILITY
UNITED WAY OF SOUTHERN KENTUCKY, INC. - P.O. BOX 3330 - BOWLING GREEN, KY 42102-3330	61-0590564	501(C)(3)	10,750.	0.			HEALTH, COMMUNITY DEVELOPMENT
UNITED WAY OF SOUTHWEST GEORGIA PO BOX 70429 ALBANY, GA 31708-0429	58-0655156	501(C)(3)	20,825.	0.			HUMAN & SOCIAL SERVICES, COMMUNITY DEVELOPMENT, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF SOUTHWEST VIRGINIA PO BOX 644 ABINGDON, VA 24211	54-0739250	501(C)(3)	16,175.	0.			DISASTER RELIEF & RECOVERY

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UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTABURGH, PA 15222	25-1043578	501(C)(3)	73,300.	0.			EDUCATION, HUMAN & SOCIAL SERVICES
UNITED WAY OF ST. JOSEPH COUNTY, INC. - 3517 E JEFFERSON BLVD. - SOUTH BEND, IN 46615	35-1063368	501(C)(3)	11,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF STAUNTON, AUGUST COUNTY, & WAYNESBORO, INC. - 24 IDLEWOOD BLVD, STE 106 - STAUNTON, VA 24401	54-0955100	501(C)(3)	14,040.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF STEELE COUNTY 1850 AUSTIN ROAD, STE 103 OWATONNA, MN 55060	23-7366680	501(C)(3)	12,577.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF SUMMIT & MEDINA 37 N HIGH ST AKRON, OH 44308	34-1169257	501(C)(3)	66,623.	0.			HEALTH, HUMAN & SOCIAL SERVICES, GENERAL SCHARITABLE OPERATIONS
UNITED WAY OF SUWANNEE VALLEY 871 SW STATE ROAD 47 LAKE CITY, FL 32025-0433	59-1262354	501(C)(3)	6,394.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF TARRANT COUNTY 201 NORTH RUPERT STREET, STE 107 FORT WORTH, TX 76107	75-0858360	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE BAY AREA 550 KEARNY ST., STE 1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	225,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE BIG BEND, INC. (FL) - 307 E 7TH AVE - TALLAHASSEE, FL 32303	59-6011150	501(C)(3)	99,786.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT

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UNITED WAY OF THE BLUEGRASS 651 PERIMETER DR. STE.510 LEXINGTON, KY 40517	61-0444679	501(C)(3)	44,325.	0.			HEALTH, HUMAN & SOCIAL SERVICES, COMMUNITY DEVELOPMENT, GENERAL SCHARITABLE OPERATIONS
UNITED WAY OF THE BRAZOS VALLEY, INC. - 1716 BRIARCREST DR., STE 155 - BRYAN, TX 77802	74-2050241	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	25,600.	0.			EDUCATION, HUMAN & SOCIAL SERVICES
UNITED WAY OF THE CENTRAL SAVANNAH RIVER AREA (GA) - 1765 BROAD STREET - AUGUSTA, GA 30904	58-0566155	501(C)(3)	134,049.	0.			DISASTER RELIEF & RECOVERY, HUMAN & SOCIAL SERVICES, HEALTH, COMMUNITY DEVELOPMENT
UNITED WAY OF THE CHATTAHOOCHEE VALLEY - PO BOX 1157 - COLUMBUS, GA 31902-1157	58-0572434	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE COASTAL EMPIRE, INC. - 428 BULL STREET - SAVANNAH, GA 31401-4963	58-0623603	501(C)(3)	214,021.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY OF THE COLUMBIA-WILLAMETTE - 619 SW 11TH AVE - PORTLAND, OR 97205-2646	93-0582124	501(C)(3)	8,100.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF THE CROSSROADS 104 S. WILLIAM STREET VICTORIA, TX 77901	74-6024990	501(C)(3)	25,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF THE DUTCHESS - ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601	06-1045698	501(C)(3)	55,375.	0.			HUMAN & SOCIAL SERVICES, EDUCATION

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UNITED WAY OF THE GOLDEN TRIANGLE REGION - PO BOX 266 - COLUMBIA, MS 39703-0266	64-0567987	501(C)(3)	5,590.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF THE LAKELANDS (SC) 929 PHOENIX STREET GREENWOOD, SC 29646	57-6005943	501(C)(3)	19,490.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF THE MIDLANDS NE 1818 BLANDING STREET COLUMBIA, SC 29201	47-0376605	501(C)(3)	72,491.	0.			HUMAN & SOCIAL SERVICES, EDUCATION
UNITED WAY OF THE MIDLANDS SC 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)(3)	95,350.	0.			HUMAN & SOCIAL SERVICES, DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT, EDUCATION
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN STREET MEMPHIS, TN 38112	56-1010742	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE MOHAWK VALLEY INC - 258 GENESEE ST 1ST FL - UTICA, NY 13501	15-0532074	501(C)(3)	13,500.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1015 15TH ST NW STE1200 - WASHINGTON, DC 20005	53-0234290	501(C)(3)	260,450.	0.			COMMUNITY DEVELOPMENT, EDUCATION, HUMAN & SOCIAL SERVICES
UNITED WAY OF THE PIEDMONT (SC) PO BOX 5624 SPARTANBURG, SC 29304-5624	57-0314377	501(C)(3)	78,082.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY OF THE PLAINS 245 N. WATER ST. WICHITA, KS 67202	48-0547688	501(C)(3)	10,000.	0.			GENERAL CHARITABLE OPERATIONS

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UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY, STE 1 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	7,000.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF THOMAS COUNTY PO BOX 1824 THOMASVILLE, GA 31799-1824	58-6001715	501(C)(3)	13,451.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF THURSTON COUNTY 3525 7TH AVE SW, STE 201 OLYMPIA, WA 98502	91-0713462	501(C)(3)	10,000.	0.			EDUCATION
UNITED WAY OF TOOMBS, MONTGOMERY AND WHEELER COUNTIES - PO BOX 352 - VIDALIA, GA 30475-0352	58-1872000	501(C)(3)	15,260.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF VIRGINIA'S BLUE RIDGE - 325 CAMPBELL AVE SW - ROANOKE, VA 24016-3624	54-0535302	501(C)(3)	30,000.	0.			EDUCATION, COMMUNITY DEVELOPMENT
UNITED WAY OF VOLUSIA-FLAGLER CO., INC. - 1530 CORNERSTONE BLVD - DAYTONA BEACH, FL 32124	59-1099774	501(C)(3)	6,500.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF WEST FLORIDA INC 1301 W GOVERNMENT ST PENSACOLA, FL 32501-5314	59-0651076	501(C)(3)	45,000.	0.			HEALTH
UNITED WAY OF WEST TENNESSEE, INC. 470 N PARKWAY, SUITE B JACKSON, TN 38305	62-0590257	501(C)(3)	10,000.	0.			EDUCATION
UNITED WAY OF WESTCHESTER AND PUTNAM, INC. - 336 CENTRAL PARK AVE - WHITE PLAINS, NY 10606	13-1997636	501(C)(3)	110,250.	0.			HUMAN & SOCIAL SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WILSON COUNTY, INC. PO BOX 1147 WILSON, NC 27894-1147	56-6021445	501(C)(3)	42,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF WISCONSIN 2059 ATWOOD AVE. MADISON, WI 53704-6608	39-1609340	501(C)(3)	390,333.	0.			HEALTH, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF YAVAPAI COUNTY, INC. PO BOX 12935 PRESCOTT, AZ 86304-2935	86-0610730	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF YORK COUNTY, SC PO BOX 925 ROCK HILL , SC 29731-6925	57-0360058	501(C)(3)	35,476.	0.			DISASTER RELIEF & RECOVERY
UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY - 255 WATT STREET - YOUNGSTOWN, OH 44505-3049	34-0714598	501(C)(3)	13,000.	0.			DISASTER RELIEF & RECOVERY, ECONOMIC MOBILITY
UNITED WAY SUNCOAST (FL) 5201 W. KENNEDY BOULEVARD STE 600 TAMPA, FL 33609-1820	59-3725701	501(C)(3)	340,243.	0.			DISASTER RELIEF & RECOVERY, COMMUNITY DEVELOPMENT
UNITED WAY TAR RIVER REGION 2501 SUNSET AVENUE ROCKY MOUNT, NC 27804	56-0611545	501(C)(3)	20,139.	0.			COMMUNITY DEVELOPMENT
UNITED WAYS OF TENNESSEE 3050 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37129	62-1773407	501(C)(3)	25,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAYS OF TEXAS 106 E 6TH ST. STE 900-116 AUSTIN, TX 78701	74-1618608	501(C)(3)	50,000.	0.			GENERAL CHARITABLE OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAYS OF THE PACIFIC NORTHWEST - 400 UNION AVE SE, STE 200 - OLYMPIA, WA 98501	91-1055031	501(C)(3)	30,000.	0.			DISASTER RELIEF & RECOVERY
VALLEY OF THE SUN UNITED WAY 3200 E. CAMEBACK ROAD, STE 375 PHOENIX, AZ 85018-2328	86-0104419	501(C)(3)	25,450.	0.			EDUCATION
VIA VISUALLY IMPAIRED ADVANCEMENT WNY - 1170 MAIN STREET - BUFFALO, NY 14209	16-0743930	501(C)(3)	82,200.	0.			HUMAN & SOCIAL SERVICES
VOLUNTEERS OF AMERICA- WESTERN WASHINGTON - 2802 BROADWAY - EVERETT, WA 98201	91-0577129	501(C)(3)	10,000.	0.			HEALTH
WASHINGTON HUMANE SOCIETY 71 OGLETHORPE STREET NW WASHINGTON, DC 20011	53-0219724	501(C)(3)	15,000.	0.			GENERAL CHARITABLE OPERATIONS

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:
PROCEDURES FOR MONITORING USE OF GRANT FUNDS
GRANTEES ARE REQUIRED TO SUBMIT A NARRATIVE PROPOSAL AND BUDGET ABOUT THE PROJECT FOR WHICH FUNDING IS BEING REQUESTED IN ORDER TO BE CONSIDERED FOR FUNDING. WHEN FUNDS ARE AWARDED, THE GRANTEE IS REQUIRED TO SIGN A BINDING CONTRACT WHICH ESTABLISHES THE PURPOSE OF THE FUNDING AND, WHEN APPLICABLE, REQUIRES THE SUBMISSION OF AN INTERIM AND FINAL FINANCIAL REPORT, ALONG WITH THE NARRATIVE REPORTS, DETAILING THE ACTUAL EXPENSES AND DESCRIBING THE ACTUAL USAGE OF THE AWARDED FUNDS. THE FINANCIAL REPORTS MUST BE SIGNED BY THE AUTHORIZED PERSONNEL OF THE GRANTEE ORGANIZATION. THESE REPORTS ARE REVIEWED BY THE DESIGNATED UNITED WAY WORLDWIDE MANAGER OVERSEEING THE PROJECT(S), AND THEN COMPARED TO THE ORIGINAL PROPOSAL SUBMITTED WHEN FUNDING IS REQUESTED.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) ANGELA WILLIAMS	(i)	622,170.	143,520.	13,488.	109,494.	40,745.	929,417.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRUCE FRIEDMAN	(i)	329,970.	28,978.	9,714.	12,930.	55,145.	436,737.	0.
EVP, CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ODESSA JACKSON PETERSON	(i)	368,502.	31,417.	11,460.	12,857.	4,388.	428,624.	0.
EVP, GENERAL COUNSEL, CC & EO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICOLE COOPER	(i)	391,028.	19,608.	4,124.	3,839.	1,132.	419,731.	0.
EVP, CHIEF STR & INNOV OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BYRON GARRETT	(i)	363,357.	19,608.	6,543.	1,295.	10,277.	401,080.	0.
EVP, CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN FARDEN	(i)	359,666.	21,498.	4,828.	2,075.	0.	388,067.	0.
EVP, GLOBAL NTWK ADV & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LADAWN NAEGLE	(i)	291,476.	32,704.	11,166.	12,818.	32,946.	381,110.	0.
EVP, CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) OMOIYE KINNEY	(i)	302,075.	32,704.	6,454.	12,818.	17,144.	371,195.	0.
EVP, MARKETING & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS LOWERY	(i)	251,718.	23,360.	10,929.	11,176.	40,866.	338,049.	0.
SVP, NETWORK RESILIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAWANA JONES	(i)	269,748.	12,776.	9,175.	11,466.	18,719.	321,884.	0.
SVP, CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RACHEL SMALL	(i)	261,090.	20,280.	4,807.	11,002.	17,144.	314,323.	0.
SVP, GOVERNMENT PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ERIN BUDDE	(i)	236,512.	16,820.	6,091.	7,076.	38,084.	304,583.	0.
SVP, STRATEGIC INSIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHAD ROYAL-PASCOE	(i)	226,324.	2,500.	8,850.	0.	38,084.	275,758.	0.
SVP, GLOBAL RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ALICE ARCHCABAL	(i)	195,502.	27,945.	24,663.	8,506.	270.	256,886.	0.
EVP, DEVELOPMENT (TO 6/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SONYA ANDERSON	(i)	190,536.	30,000.	4,993.	0.	13,389.	238,918.	0.
EVP, INTERNATIONAL NETWORK(BEG 5/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JACQUELINE GORDON	(i)	208,203.	11,809.	12,358.	0.	0.	232,370.	0.
FORMER EVP, PEOPLE & CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.

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 PRESIDENT & CHIEF EXECUTIVE OFFICER AND A SMALL NUMBER OF OTHER EMPLOYEES WHO ROUTINELY TRAVEL OVERSEAS MAY BE REIMBURSED FOR BUSINESS CLASS AIR TRAVEL (FIRST CLASS IF THERE ARE ONLY TWO CLASSES) WHEN TRAVELING FOR BUSINESS PURPOSES ON FLIGHTS LONGER THAN FOUR HOURS. SUCH TRIPS ARE SUBJECT TO RULES OF THE ORGANIZATION'S ACCOUNTABLE PLAN AND CONSIDERED NON-TAXABLE IF PAID BY UWW.

PART I, LINE 3:

THE EXECUTIVE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF TRUSTEES OF UNITED WAY WORLDWIDE ("UWW") IS RESPONSIBLE FOR GOVERNANCE AND OVERSIGHT OF COMPENSATION AND BENEFITS PROGRAMS FOR THE UWW CHIEF EXECUTIVE OFFICER AND OTHER EXECUTIVE LEVEL STAFF ("EXECUTIVES"), AND FOR ENSURING THAT THE COMPENSATION POLICIES OF UWW ARE CONSISTENT WITH AND IN SUPPORT OF THE ORGANIZATION'S MISSION, VALUES AND GOALS.

ON AN ANNUAL BASIS, THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE CEO AND RECOMMENDING TO THE FULL BOARD OF TRUSTEES FOR APPROVAL ANY ADJUSTMENTS TO HIS OR HER COMPENSATION AND BENEFITS, INCLUDING INCENTIVE AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING FOR REASONABLENESS THE CEO'S RECOMMENDATIONS FOR COMPENSATION AND BENEFITS OF THE OTHER EXECUTIVES. FINALLY, THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY NEW COMPENSATION OR BENEFITS PLANS OR PROGRAMS, OR ANY CHANGES TO EXISTING PLANS AND PROGRAMS THAT RELATE TO THE CEO OR THE EXECUTIVES.

THE COMMITTEE ENGAGES A THIRD-PARTY CONSULTANT TO PROVIDE COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS ON AT LEAST A BIENNIAL BASIS. THE COMMITTEE REVIEWS AND DISCUSSES THAT DATA BEFORE DETERMINING THE COMPENSATION OF THE CEO AND REASONABLENESS OF THE COMPENSATION OF OTHER EXECUTIVES. SUCH DECISION IS DOCUMENTED CONTEMPORANEOUSLY BY THE COMMITTEE.

PART I, LINE 7:

THE EXECUTIVE MANAGEMENT TEAM IS PAID A BONUS BASED UPON A COMBINATION OF INDIVIDUAL PERFORMANCE GOALS APPROVED BY THE BOARD AND THE PERFORMANCE OF THE ORGANIZATION. IT IS NOT A MATRIX BASED ON A SCORE, RATHER IT IS SOMEWHAT DISCRETIONARY. THE CEO BONUS IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

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	12	3,110,859.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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

SCHEDULE M, PART I, COLUMN (B):

SECURITIES - PUBLICLY TRADED

REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE M, PART I, LINE 9.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY WORLDWIDE

Employer identification number
13-1635294

FORM 990, PART III, LINE 1
ORGANIZATION'S MISSION
FOR 138 YEARS, THE UNITED WAY NETWORK HAS SERVED AS A VEHICLE FOR VOLUNTEERS, DONORS, PARTNERS AND ADVOCATES WHO SEEK TO CHANGE LIVES AND COMMUNITIES THROUGH SERVICE, COLLABORATION AND IMPACT. AS ONE OF THE WORLD'S LARGEST PRIVATELY FUNDED CHARITIES, THE UNITED WAY NETWORK SERVES 95% OF U.S. COMMUNITIES AND 36 COUNTRIES AND TERRITORIES. UWW SEEKS TO SUPPORT THE NETWORK IN ADVANCING THE COLLECTIVE MISSION OF UNITED WAY TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD. IN 2024 UNITED WAY WAS THE MISSION OF CHOICE FOR 1.5 MILLION VOLUNTEERS, 5 MILLION DONORS, AND 64,000 CORPORATE PARTNERS IN MORE THAN TENS OF THOUSANDS OF COMMUNITIES WORLDWIDE.

UNITED WAY WORLDWIDE (UWW) IS THE NETWORK'S GLOBAL LEADERSHIP ORGANIZATION, BASED IN ALEXANDRIA, VIRGINIA. UWW SEEKS TO SUPPORT THE NETWORK IN ADVANCING THE COLLECTIVE MISSION OF UNITED WAY TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD. UWW PROVIDES SUPPORT FOR THE GLOBAL NETWORK IN KEY PROGRAMMATIC AREAS OF BRAND STEWARDSHIP, GLOBAL FUNDRAISING AT SCALE, ADVOCACY AND PUBLIC POLICY, AND LEADERSHIP DEVELOPMENT AND TRAINING. UWW IS LARGELY FUNDED BY MEMBERSHIP DUES FROM THE UNITED WAY NETWORK. THESE LOCAL, STATE, REGIONAL AND COUNTY UNITED WAYS AROSS THE WORLD ARE AUTONOMOUS CHARITABLE ORGANIZATIONS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
GLOBAL NETWORK ADVANCEMENT - THE GLOBAL NETWORK ADVANCEMENT TEAM PROVIDES GOVERNANCE, RESOURCE DEVELOPMENT, PROGRAM AND CAPACITY BUILDING SUPPORT, MEMBER GRANT DISTRIBUTION SERVICES, AND TRAINING TO UNITED WAY MEMBERS AROUND THE WORLD.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:
DONOR ADVISED GIVING (DOMESTIC AND INTERNATIONAL) - THE UNITED WAY DONOR ADVISED GIVING PROGRAM (DAF & IDAG) FACILITATES GRANTS TO DOMESTIC AND INTERNATIONAL ORGANIZATIONS, BASED ON RECOMMENDATIONS BY PROGRAM CONTRIBUTORS THAT MEET PROGRAMMATIC OR GEOGRAPHIC INTERESTS OF BOTH THE DONOR AND UNITED WAY WORLDWIDE.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:
BRAND STRATEGY AND MARKETING - THE GLOBAL BRAND STRATEGY AND MARKETING TEAM PROVIDES SUPPORT IN ALL BRAND IDENTITY TO UNITED WAY MEMBERS AND CONSISTENCY MATTERS INCLUDING MARKETING, ADVERTISING AND OUR PROMOTIONAL OPPORTUNITIES DESIGNED TO PROMOTE INDIVIDUAL PARTICIPATION IN ADVANCING THE COMMON GOOD AND TO STRENGTHEN TRUST IN THE UNITED WAY BRAND AROUND THE WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES - OTHER PROGRAM SERVICES INCLUDE THE SUPPORT FOR THE 211 PLATFORM WHICH PROVIDES COMPREHENSIVE INFORMATION ON LOCAL RESOURCES AND SERVICES THROUGHOUT THE COUNTRY, THE PRODUCTION AND DELIVERY OF TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR UNITED WAY VOLUNTEERS, STAFF, AND PARTNERS; AND PROVIDING LICENSING RIGHTS TO

Name of the organization: UNITED WAY WORLDWIDE

Employer identification number: 13-1635294

SELECT VENDORS TO SELL PROMOTIONAL PRODUCTS BEARING THE UNITED WAY BRAND AND TRADEMARKS.

TOTAL PART III, LINE 4D AMOUNTS ARE REPORTED BELOW:
EXPENSES $ 4,852,739. INCL GRANTS OF $ 290,355. REVENUE $ 28,116,936.

FORM 990, PART VI, SECTION A, LINE 6:
CLASSES OF MEMBERS
THE ORGANIZATION HAS ONE CLASS OF MEMBERS. MEMBER RIGHTS AND RESPONSIBILITIES ARE DEFINED IN THE ORGANIZATION'S BYLAWS AND MEMBERSHIP LICENSE AGREEMENT. EACH MEMBER HAS ONE VOTE ON MATTERS REQUIRING MEMBER APPROVAL PER THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECTING MEMBERS OF GOVERNING BODY
NOMINEES TO THE BOARD OF TRUSTEES MUST BE APPROVED BY THE MEMBERSHIP, BY A MAJORITY VOTE.

FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS REQUIRING APPROVAL BY MEMBERS
MEMBERS MUST APPROVE THE AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION AND ANY MATERIAL CHANGES TO THE MISSION OF THE ORGANIZATION AND U.S. MEMBERS MUST APPROVE ANY CHANGES TO U.S. MEMBERSHIP DUES.

FORM 990, PART VI, SECTION B, LINE 11B:
REVIEW OF FORM 990 BY GOVERNING BODY
THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT & CFO AND BY THE AUDIT COMMITTEE OF THE BOARD. LASTLY, IT IS SENT TO ALL BOARD MEMBERS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY
THE ORGANIZATON'S CONFLICT-OF-INTEREST POLICY WAS REVISED AND APPROVED BY THE BOARD OF TRUSTEES AND IS ENFORCED BY THE CHIEF COMPLIANCE AND ETHICS OFFICER.

ANNUALLY BOARD MEMBERS, OFFICERS, SENIOR ADMINISTRATIVE PERSONNEL, AND KEY EMPLOYEES ARE REQUIRED TO FILE WITH THE CHIEF ETHICS AND COMPLIANCE OFFICER A CONFLICT-OF-INTEREST DECLARATION FORM. THE CHIEF ETHICS OFFICER USES THE INFORMATION TO ENSURE THAT ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST IN ANY BUSINESS BEFORE THE BOARD IS RECUSED FROM PARTICIPATING IN THAT DECISION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15:
PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL
THE EXECUTIVE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF TRUSTEES OF UNITED WAY WORLDWIDE ("UWW") IS RESPONSIBLE FOR OVERSIGHT OF COMPENSATION AND BENEFITS PROGRAMS FOR THE UWW CHIEF EXECUTIVE OFFICER AND OTHER EXECUTIVE LEVEL STAFF ("EXECUTIVES"), AND FOR ENSURING THAT THE COMPENSATION POLICIES OF UWW ARE CONSISTENT WITH AND IN SUPPORT OF THE ORGANIZATION'S MISSION, VALUES AND GOALS.

ON AN ANNUAL BASIS, THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE CEO AND RECOMMENDING TO THE FULL BOARD OF TRUSTEES FOR

Name of the organization: UNITED WAY WORLDWIDE

Employer identification number: 13-1635294

APPROVAL ANY ADJUSTMENTS TO THE CEO'S COMPENSATION AND BENEFITS, INCLUDING INCENTIVE AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY NEW COMPENSATION OR BENEFITS PLANS OR PROGRAMS, OR ANY CHANGES TO EXISTING PLANS AND PROGRAMS THAT RELATE TO THE CEO OR THE EXECUTIVES.

THE COMMITTEE ENGAGES A THIRD-PARTY CONSULTANT TO PROVIDE COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS ON AT LEAST A BIENNIAL BASIS. THE COMMITTEE REVIEWS AND DISCUSSES THAT DATA BEFORE DETERMINING THE COMPENSATION OF THE CEO AND EXECUTIVES. SUCH DECISION IS DOCUMENTED CONTEMPORANEOUSLY BY THE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:
REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC
THE ORGANIZATION'S GOVERNING DOCUMENTS, CODE OF ETHICS/CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND FILED IRS FORM 990 ARE AVAILABLE ON ITS WEBSITE (WWW.UNITEDWAY.ORG).

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:	
PROGRAM SERVICE EXPENSES	7,643,203.
MANAGEMENT AND GENERAL EXPENSES	1,670,971.
FUNDRAISING EXPENSES	383,818.
TOTAL EXPENSES	9,697,992.
CONTRACT AND TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	830,903.
MANAGEMENT AND GENERAL EXPENSES	445,144.
FUNDRAISING EXPENSES	339,349.
TOTAL EXPENSES	1,615,396.
OTHER PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	180,796.
MANAGEMENT AND GENERAL EXPENSES	110,216.
FUNDRAISING EXPENSES	314,098.
TOTAL EXPENSES	605,110.
BANK SERVICES FEES:	
PROGRAM SERVICE EXPENSES	3,085.
MANAGEMENT AND GENERAL EXPENSES	112,214.
TOTAL EXPENSES	115,299.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,033,797.

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

PENSION-RELATED CHANGES	1,095,915.
REDUCTION IN PRIOR YEAR BAD DEBTS ALLOWANCE	97,505.
TOTAL TO FORM 990, PART XI, LINE 9	1,193,420.

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY WORLDWIDE

Employer identification number
13-1635294

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNITED WAY DIGITAL HOLDINGS, LLC - 81-5211422, 701 N FAIRFAX STREET, ALEXANDRIA, VA 22314	SOFTWARE	DELAWARE	0.	0.	UNITED WAY WORLDWIDE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
UNITED WAY WORLDWIDE (ASIA) LIMITED ROOM 1901, 19/F, LEE GARDEN ON, 33 HYSAN AVE CAUSEWAY BAY, HONG KONG	SEE PART VII	HONG KONG	501(C)(3)	LINE 7	UNITED WAY WORLDWIDE	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
FRONTSTREAM HOLDINGS LLC - 38-3913855 11480 COMMERCE PARK DR, SUITE 300 RESTON, VA 20191-1575	FUNDRAISING CAMPAIGN PLEDGE PROCESSING	DE	N/A	C CORP	0.	0.			X

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY WORLDWIDE (ASIA) LIMITED	P	181,360.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

SCHEDULE R, PART II, COLUMN (B):

UNITED WAY WORLDWIDE (ASIA) LIMITED'S PRIMARY ACTIVITY IS LEADERSHIP

AND SUPPORT FOR THE UWW NETWORK MEMBERS IN THE ASIA PACIFIC REGION.