

UNITED WAY OF THE BAY AREA
PUBLIC DISCLOSURE COPY
RETURN OF EXEMPT ORGANIZATION
PERIOD ENDED JUNE 30, 2017

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2016
Open to Public Inspection

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE BAY AREA		D Employer identification number 94-1312348	
	Doing business as		E Telephone number 415-808-4300	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 KEARNY ST 1000		G Gross receipts \$ 46,381,377.	
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94108		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: ANNE WILSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

J Website: **WWW.UWBA.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1922** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.		
	2 Check this box <input type="checkbox"/> 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	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	90
	6 Total number of volunteers (estimate if necessary)	6	3684
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,624,151.	43,337,952.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	437,484.	692,981.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,751.	724,925.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-90,986.	176,612.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,110,400.	44,932,470.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	21,706,299.	25,538,363.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,494,816.	8,330,641.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,893,350.	4,927,808.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,927,808.	5,583,850.	
19 Revenue less expenses. Subtract line 18 from line 12	34,128,923.	39,452,854.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-18,523.	5,479,616.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	21,904,216.	28,941,570.
		13,423,575.	12,607,696.
		8,480,641.	16,333,874.

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	PUBLIC DISCLOSURE COPY			
	Signature of officer JOAN CATHERINE BRAUN, CFAO	Date		
Paid Preparer Use Only	Print/Type preparer's name TRACY S. PAGLIA	Preparer's signature TRACY S. PAGLIA	Date 02/14/18	Check if self-employed <input type="checkbox"/> PTIN P00366884
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Firm's address 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105	
			Phone no. 415-956-1500	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.

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

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

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

4a (Code:) (Expenses \$ 22,407,318. including grants of \$ 21,272,627.) (Revenue \$ 692,981.) GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES

4b (Code:) (Expenses \$ 5,919,366. including grants of \$ 2,886,918.) (Revenue \$ 0.) ECONOMIC SUCCESS

SPARKPOINT HAS SERVED MORE THAN 24,000 INDIVIDUALS SINCE LAUNCHING SPARKPOINT OAKLAND IN 2009, AND 3,200 CLIENTS IN THE LAST YEAR ALONE. MORE THAN 80% OF OUR CLIENTS ARE SEEING 5% OR BETTER PROGRESS ON THEIR INCOME, SAVINGS, CREDIT OR DEBT; AND MORE THAN 70% OF OUR CLIENTS ARE SEEING 30% OR MORE PROGRESS.

SPARKPOINT CENTERS OFFER AN ARRAY OF SERVICES IN ONE CONVENIENT LOCATION FOR A PERSON OR FAMILY TRYING TO MOVE OUT OF POVERTY, INCLUDING FINANCIAL COACHING ON BUDGETING AND SAVINGS, CREDIT AND DEBT MANAGEMENT, CAREER OR EDUCATION COUNSELING, SCREENING FOR PUBLIC BENEFITS, AND OTHERS./ SPARKPOINT AIMS TO HAVE CLIENTS MOVE FROM

4c (Code:) (Expenses \$ 1,469,094. including grants of \$ 301,000.) (Revenue \$ 0.) JOBS+

UNITED WAY'S JOBS+ PROGRAM HELPS PREPARE LOW-INCOME YOUTH AND YOUNG ADULTS (AGE 16-24) TO BECOME THE 21ST CENTURY WORKFORCE FOR EMPLOYERS IN SAN FRANCISCO AND ACROSS THE BAY AREA. CONNECTING BUSINESS, GOVERNMENT, SCHOOLS, NONPROFITS AND YOUTH, JOBS+ HELPS YOUNG PEOPLE GET JOB TRAINING AND WORK EXPERIENCE, PLAN CAREER PATHS, AND BECOME MOTIVATED TO FINISH HIGH SCHOOL AND GO ON TO COLLEGE OR POSTSECONDARY TRAINING. JOBS+ PRIMARY FOCUS IS YOUTH JOBS+, A PARTNERSHIP WITH SAN FRANCISCO MAYOR ED LEE, COMMUNITY PARTNERS AND EMPLOYERS. SINCE ITS INCEPTION AS SUMMER JOBS+ IN 2012, THE INITIATIVE HAS SERVED OVER 19,000 YOUTH IN SAN FRANCISCO. LAST YEAR, 7,000 YOUTH WERE SERVE A PART OF THE MAYOR'S SUMMER JOB CHALLENGE IN SAN FRANCISCO ALONE. WITHIN THE

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,742,689. including grants of \$ 1,077,818.) (Revenue \$ 0.)

4e Total program service expenses 32,538,467.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (37); 1b Enter the number of voting members included in line 1a, above, who are independent (37); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
19 Describe in 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: JOAN CATHERINE BRAUN - 415-808-4465 550 KEARNY ST, #1000, SAN FRANCISCO, CA 94108

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(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			
(1) ALLAIRE, KIWOBA DIRECTOR AT LARGE	0.10	X					0.	0.	0.	
(2) BAKER, MARGARET CHAIR, AUDIT COMMITTEE	0.80	X					0.	0.	0.	
(3) BLAYLOCK, ADAM DIRECTOR AT LARGE	1.00	X					0.	0.	0.	
(4) BRANCH, MICHELLE DIRECTOR AT LARGE	2.00	X					0.	0.	0.	
(5) BREBER, PIERRE CHAIR, REG. IMPACT & GROWTH COUNCIL	0.50	X					0.	0.	0.	
(6) CERUSSI, RICHARD CHAIR, PUBLIC POLICY COMMITTEE	0.50	X					0.	0.	0.	
(7) DETWEILER, CHARMAINE TREASURER	2.00	X		X			0.	0.	0.	
(8) DILLON, MICHAEL DIRECTOR AT LARGE	0.30	X					0.	0.	0.	
(9) EARLEY, JR., ANTHONY DIRECTOR AT LARGE	1.50	X					0.	0.	0.	
(10) ECKHARDT, MICHAEL DIRECTOR AT LARGE	0.30	X					0.	0.	0.	
(11) FOLEY, JIM CHAIR, ENGAGEMENT COMMITTEE	0.80	X					0.	0.	0.	
(12) HEACOCK, DAVID ASSISTANT SECRETARY	2.00	X		X			0.	0.	0.	
(13) HERBERT III, JAMES DIRECTOR AT LARGE	0.20	X					0.	0.	0.	
(14) JOHNSON, KEVIN DIRECTOR AT LARGE	0.20	X					0.	0.	0.	
(15) KO, AMY DIRECTOR AT LARGE	0.80	X					0.	0.	0.	
(16) LANG, MATTHEW DIRECTOR AT LARGE	0.50	X					0.	0.	0.	
(17) LAYMON, JOE DIRECTOR AT LARGE	0.30	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)	(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			
(18) LEE, DANIEL DIRECTOR AT LARGE	1.50	X						0.	0.	0.
(19) LEIBOWITZ, TOM DIRECTOR AT LARGE	0.80	X						0.	0.	0.
(20) LICHTENSTEIN, NOAH DIRECTOR AT LARGE	0.50	X						0.	0.	0.
(21) MATUSZAK, GARY VICE CHAIR, AUDIT COMMITTEE	0.80	X						0.	0.	0.
(22) MILEY, SANDRA DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(23) MOK, ANNA CHAIR, GOVERNANCE COMMITTEE	0.80	X						0.	0.	0.
(24) NEEDLES, JOSH DIRECTOR AT LARGE (THRU 4/30/17)	0.10	X						0.	0.	0.
(25) OLSON, JAMES SECRETARY	2.00	X		X				0.	0.	0.
(26) PAULSON, TIMOTHY LABOR LIAISON	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,639,709.	0.	465,270.
d Total (add lines 1b and 1c)								1,639,709.	0.	465,270.

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 **10**

	Yes	No
3 Did the organization list any former officer, director, or 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
INTERFACE CHILDREN FAMILY SERVICES, 4001 MISSION OAKS BLVD., STE I, CAMARILLO, CA	CONSULTING SERVICES	713,133.
LANXPERT CORPORATION DBA INTIVIX, 605 MARKET STREET, SUITE 410, SAN FRANCISCO, CA	IT CONSULTING	177,256.
NELSON STAFFING P O BOX 49195, SAN JOSE, CA 95161-9195	TEMPORARY EMPLOYMENT AGENCY	138,493.
JAPANESE COMMUNITY YOUTH COUNCIL 2012 PINE STREET, SAN FRANCISCO, CA 94115	CONSULTING SERVICES	128,479.
MOSS ADAMS LLP P O BOX 101822, PASADENA, CA 91189-1822	ACCOUNTING	120,539.

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 **5**

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) PEYTON, RONALD DIRECTOR AT LARGE	0.80	X						0.	0.	0.	
(28) REMSTEDT, LAWRENCE DIRECTOR AT LARGE	0.50	X						0.	0.	0.	
(29) RODRIGUEZ, RAUL DIRECTOR AT LARGE	0.80	X						0.	0.	0.	
(30) ROGERS, MATT DIRECTOR AT LARGE	0.50	X						0.	0.	0.	
(31) SUTHERLAND, SUSAN IMMEDIATE PAST CHAIR	0.50	X						0.	0.	0.	
(32) TENNYSON, SHERRY DIRECTOR AT LARGE	0.30	X						0.	0.	0.	
(33) WALKER, ROBERT DIRECTOR AT LARGE	0.20	X						0.	0.	0.	
(34) WALKER, LORETTA CHAIR	6.00	X		X				0.	0.	0.	
(35) WEINSTEIN, LAURIE DIRECTOR AT LARGE	0.50	X						0.	0.	0.	
(36) WILHELM, JULIA DIRECTOR AT LARGE	0.50	X						0.	0.	0.	
(37) WOHL, JEFFREY GEN. COUNSEL & CHIEF ETHICS OFFICER	1.00	X		X				0.	0.	0.	
(38) WYMER, MICHELE DIRECTOR AT LARGE	0.20	X						0.	0.	0.	
(39) WILSON, ANNE CHIEF EXECUTIVE OFFICER	55.00			X				310,446.	0.	198,485.	
(40) MCDONNELL, ERIC CHIEF OPERATING OFFICER	55.00			X				247,888.	0.	53,693.	
(41) BRAUN, JOAN CHIEF FINANCE & ADMIN OFFICER	55.00			X				192,787.	0.	40,632.	
(42) NICELY, KATHLEEN CHIEF DEVELOPMENT OFFICER	37.50				X			232,449.	0.	20,836.	
(43) HYDE, RANDY SENIOR VP MARKETING	37.50					X		140,182.	0.	16,223.	
(44) CHAMORRO, AMALIA VP, COMMUNITY INVESTMENT	37.50					X		108,346.	0.	23,158.	
(45) KUKOVIC, LIDIYA VP, CONTROLLER	37.50					X		117,531.	0.	24,662.	
(46) SCHAUVER, JOHN VP, INFORMATION TECHNOLOGY	37.50					X		121,214.	0.	63,518.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	115,950.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,101,775.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	42,120,227.			
	g	Noncash contributions included in lines 1a-1f: \$		545,137.			
	h	Total. Add lines 1a-1f		43,337,952.			
	Program Service Revenue	2 a	PLEDGE PROCESSING FEES	Business Code	900099	448,850.	448,850.
b		CONSULTING FEE INCOME	900099	225,731.	225,731.		
c		OFFICE SPACE RENTAL	900099	18,400.	18,400.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		692,981.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		270,836.		270,836.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	143,163.			
		Less: rental expenses	(ii) Personal	0.			
		Rental income or (loss)		143,163.			
	d	Net rental income or (loss)		143,163.		143,163.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,849,355.	(ii) Other	31,280.	
		Less: cost or other basis and sales expenses		1,395,266.		31,280.	
		Gain or (loss)		454,089.		0.	
		Net gain or (loss)		454,089.			454,089.
	8 a	Gross income from fundraising events (not including \$ 115,950. of contributions reported on line 1c). See Part IV, line 18	a	55,810.			
		Less: direct expenses	b	22,361.			
		Net income or (loss) from fundraising events		33,449.			33,449.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		44,932,470.	692,981.	0.	901,537.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,538,363.	25,538,363.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,058,362.	271,914.	529,489.	256,959.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,161,919.	2,864,026.	1,281,965.	1,015,928.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	584,949.	271,377.	195,353.	118,219.
9 Other employee benefits	1,109,647.	575,933.	320,557.	213,157.
10 Payroll taxes	415,764.	205,455.	130,489.	79,820.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	161,789.		161,789.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,623.		75,623.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,725,725.	1,095,602.	326,738.	303,385.
12 Advertising and promotion	374,291.	317,540.	31,609.	25,142.
13 Office expenses	426,737.	104,370.	191,204.	131,163.
14 Information technology				
15 Royalties				
16 Occupancy	1,501,026.	642,296.	458,413.	400,317.
17 Travel	127,228.	74,793.	23,171.	29,264.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	486,572.	255,632.	92,331.	138,609.
20 Interest				
21 Payments to affiliates	336,382.	139,699.	103,692.	92,991.
22 Depreciation, depletion, and amortization	358,029.	176,006.	95,786.	86,237.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	10,448.	5,461.	2,828.	2,159.
25 Total functional expenses. Add lines 1 through 24e	39,452,854.	32,538,467.	4,021,037.	2,893,350.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	848,161.	1	3,613,595.
	2 Savings and temporary cash investments	225,416.	2	263,205.
	3 Pledges and grants receivable, net	9,309,292.	3	10,358,467.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	185,179.	9	225,151.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,270,986.		
	b Less: accumulated depreciation	10b 1,749,968.	680,163.	10c 521,018.
	11 Investments - publicly traded securities	10,549,957.	11	13,640,720.
	12 Investments - other securities. See Part IV, line 11		12	80,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	106,048.	15	239,414.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,904,216.	16	28,941,570.	
Liabilities	17 Accounts payable and accrued expenses	7,290,538.	17	5,657,198.
	18 Grants payable	2,693,376.	18	3,832,355.
	19 Deferred revenue	689,661.	19	618,143.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,750,000.	23	2,500,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	13,423,575.	26	12,607,696.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	867,124.	27	7,272,860.
	28 Temporarily restricted net assets	3,719,742.	28	5,165,939.
	29 Permanently restricted net assets	3,893,775.	29	3,895,075.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,480,641.	33	16,333,874.	
34 Total liabilities and net assets/fund balances	21,904,216.	34	28,941,570.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,932,470.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,452,854.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,479,616.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,480,641.
5	Net unrealized gains (losses) on investments	5	706,895.
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 in Schedule O)	9	1,666,722.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,333,874.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **UNITED WAY OF THE BAY AREA** Employer identification number **94-1312348**

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 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38319472.	36845784.	34157980.	33543169.	43337952.	186204357
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	38319472.	36845784.	34157980.	33543169.	43337952.	186204357
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)						10692626.
6 Public support. Subtract line 5 from line 4.						175511731

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	38319472.	36845784.	34157980.	33543169.	43337952.	186204357
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	330,032.	266,236.	276,771.	360,800.	413,999.	1647838.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					33,449.	33,449.
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						187885644
12 Gross receipts from related activities, etc. (see instructions)					12	2,092,977.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93.41 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	91.91 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 in 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 five 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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
-----------------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>3,564,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,530,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,262,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>4,559,217.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
---------------------------------------------------------------	---------------------------------------------------------

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

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

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
---------------------------------------------------------------	---------------------------------------------------------

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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 UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
-----------------------------------------------------------	-----------------------------------------------------

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 employer identification number (EIN) 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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 (grass roots lobbying)	9,717.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	36,400.													
c	Total lobbying expenditures (add lines 1a and 1b)	46,117.													
d	Other exempt purpose expenditures	39,400,638.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	39,446,755.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	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.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	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)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	33,451.	42,087.	16,828.	46,117.	138,483.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	10,792.	11,124.	9,599.	9,717.	41,232.

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)).

	(a)		(b)
	Yes	No	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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 expenditure 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization **UNITED WAY OF THE BAY AREA** Employer identification number **94-1312348**

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	33	0
2 Aggregate value of contributions to (during year)	1,488,818.	0.
3 Aggregate value of grants from (during year)	1,426,008.	0.
4 Aggregate value at end of year	73,869.	0.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2016

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 are a 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 programs
 - 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 on 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	4,648,599.	5,022,885.	5,254,646.	4,794,701.	4,345,472.
b Contributions	1,300.	1,400.	1,400.	1,000.	1,000.
c Net investment earnings, gains, and losses	630,428.	-150,974.	-12,314.	840,114.	164,963.
d Grants or scholarships					
e Other expenditures for facilities and programs	196,906.	199,384.	194,752.	360,534.	-283,266.
f Administrative expenses	21,567.	20,867.	26,095.	20,635.	
g End of year balance	5,061,854.	4,653,060.	5,022,885.	5,254,646.	4,794,701.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 76.95 %
 - c Temporarily restricted endowment 23.05 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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				
b Buildings				
c Leasehold improvements		562,222.	344,037.	218,185.
d Equipment		178,068.	131,106.	46,962.
e Other		1,530,696.	1,274,825.	255,871.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				521,018.

Part VII Investments - Other Securities.

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

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

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, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	25,356,355.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	706,895.
b	Donated services and use of facilities	2b	883,656.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	28,460.
e	Add lines 2a through 2d	2e	1,619,011.
3	Subtract line 2e from line 1	3	23,737,344.
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	75,623.
b	Other (Describe in Part XIII.)	4b	21,119,503.
c	Add lines 4a and 4b	4c	21,195,126.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	44,932,470.

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	21,413,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	883,656.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,271,900.
e	Add lines 2a through 2d	2e	3,155,556.
3	Subtract line 2e from line 1	3	18,257,728.
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	75,623.
b	Other (Describe in Part XIII.)	4b	21,119,503.
c	Add lines 4a and 4b	4c	21,195,126.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,452,854.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENTS ARE USED FOR PERMANENTLY OR TEMPORARILY AND UNRESTRICTED PURPOSES ACCORDING TO THE INTENT OF THE DONOR.

PART X, LINE 2:

UWBA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND SECTION 23701D OF THE REVENUE AND TAXATION CODE EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. SINCE UWBA HAS NO UNRELATED BUSINESS TAXABLE INCOME, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. UWBA HAS NO UNRECOGNIZED TAX BENEFITS OR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2017.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED FROM EXPENSES TO REVENUE	22,361.
UWBA INHERITED RECEIVABLES FROM UWSV WRITE OFF	6,099.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	28,460.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES	21,119,503.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED FROM EXPENSES TO REVENUE	22,361.
UNCOLLECTIBLE PLEDGES	294,458.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	1,955,081.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,271,900.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES	21,119,503.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
---------------------------------------------------------------	-----------------------------------------------------

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BELIEVE EVENT (event type)	BAY TO BREAKERS (event type)	NONE (total number)	
Revenue	1	Gross receipts	115,950.	55,810.	171,760.
	2	Less: Contributions	115,950.		115,950.
	3	Gross income (line 1 minus line 2)		55,810.	55,810.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	260.		260.
	8	Entertainment			
	9	Other direct expenses	8,326.	13,775.	22,101.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			22,361.
11	Net income summary. Subtract line 10 from line 3, column (d)			33,449.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE BAY AREA** Employer identification number **94-1312348**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 781 LINCOLN AVE., SUITE 140 SAN RAFAEL, CA 94901	95-3667812	501C3	33,000.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
ALAMEDA COUNTY SOCIAL SERVICES AGENCY - 2000 SAN PABLO AVE - OAKLAND, CA 94612	94-6000501	501C3	17,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
ALLEN TEMPLE VITA SITE 8501 INTERNATIONAL BLVD OAKLAND, CA 94621	94-1747125	501C3	6,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
ALUM ROCK COUNSELING CENTER INC 777 N FIRST STREET, SUITE 444 SAN JOSE, CA 95112	23-7367637	501C3	18,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
AMERICAN CANYON FAMILY RESOURCE CENTER - 3423 BROADWAY STE D-1 - AMERICAN CANYON, CA 94503	36-4612853	501C3	8,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
AMIGOS DE GUADALUPE CENTER 2004 E SAN ANTONIO STREET SAN JOSE, CA 95116	77-0555838	501C3	82,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **172.**

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

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 66 RAYMOND AVE. - SAN FRANCISCO, CA 94134	94-3357710	501C3	6,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
BAY AREA FINANCIAL RESOURCE CENTER 699 SERRAMONTE BLVD., SUITE 232 DALY CITY, CA 94015	27-0920145	501C3	7,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1633136	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501C3	6,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
CATHOLIC CHARITIES OF SOLANO 125 CORPORATE PLACE, SUITE A VALLEJO, CA 94590	46-5010936	501C3	7,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT DBA TRI-VALLEY ONE-STOP CAREER CEN - 6300 VILLAGE PARKWAY SUITE #100 - DUBLIN, CA	23-7074515	501C3	10,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
CHILDREN'S NETWORK OF SOLANO COUNTY - 2320 COURAGE DR., #107 - FAIRFIELD, CA 94533	68-0014506	501C3	323,223.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, SUITE 104 SAN FRANCISCO, CA 94134	94-2152893	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SOUTH SAN FRANCISCO 840 WEST ORANGE AVENUE SOUTH SAN FRANCISCO, CA 94080	94-3191775	501C3	9,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COASTSIDE HOPE P.O. BOX 1089 EL GRANADA, CA 94018	51-0199747	501C3	6,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COMMUNITY ACTION MARIN 29 MARY STREET SAN RAFAEL, CA 94901	94-6136365	501C3	262,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COMMUNITY CHILD CARE COORDINATING COUNCIL (4CS) OF ALAMEDA COUNTY - 22351 CITY CENTER DR., STE. 100 - HAYWARD, CA 94541	23-7218859	501C3	11,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COMMUNITY LIVING CAMPAIGN 1370 MISSION STREET, SUITE 400 SAN FRANCISCO, CA 94103	26-1697250	501C3	229,555.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
COMMUNITY SERVICES AGENCY, MOUNTAIN VIEW - 204 STIERLIN RD - MOUNTAIN VIEW, CA 94043	94-1422465	501C3	80,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
COMMUNITY YOUTH CENTER OF SF 1038 POST STREET SAN FRANCISCO, CA 94109	94-1728818	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
COMPASSPOINT NONPROFIT SERVICES 500 - 12TH STREET, SUITE 320 OAKLAND, CA 94607	93-1196632	501C3	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
CONTRA COSTA CRISIS CENTER 307 LENNON LANE WALNUT CREEK, CA 94598	94-1747227	501C3	65,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES

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DAN WILLIAMS FOUNDATION INC. 269S BEVERLY DRIVE, #338 BEVERLY HILLS, CA 90212	81-0746498	501C3	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
DRIVING FORCE GROUP, INC. (TORREY SMITH FAMILY FUND) - 1109 PARK STREET NW - WASHINGTON, DC 20002	45-4641567	501C3	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
EAGLE VILLAGE COMMUNITY CENTER YOUTH & FAMILY - P O BOX 10408 - OAKLAND, CA 94610	27-0243681	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION - 1825 SAN PABLO AVENUE, SUITE 200 - OAKLAND, CA 94612	51-0171851	501C3	288,890.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
EAST BAY WORKS- CONCORD ONE STOP (CLAUDIA VELASCO) - 271 PHEASANT CIRCLE - CONCORD, CA 94565	53-0995761	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
EDEN I AND R INC 570 B STREET HAYWARD, CA 94541	94-2339050	501C3	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
FAIRFIELD COMMUNITY VITA - CITY OF FAIRFIELD (HELIA MORENO) - 1000 WEBSTER STREET - FAIRFIELD, CA 94533	63-6288320	501C3	12,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
FOOTHILL DEANZA COMMUNITY COLLEGE 12345 EL MONTE DRIVE LOS ALTOS, CA 94022	94-1597718	501C3	23,333.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
FREMONT FAMILY RESOURCE CENTER CORPORATION - 39155 LIBERTY STREET, SUITE A110 PO BOX 5006 - FREMONT, CA 94537	94-3333831	501C3	89,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

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HAYWARD AREA RECREATION AND PARK DISTRICT - 1099 E STREET - HAYWARD, CA 94541	94-6000728	501C3	7,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
HOMELESS PRENATAL PROGRAM 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501C3	13,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
KIDS IN COMMON (A PROGRAM OF EL MONTE PLANNED PARENTHOOD) - 1691 THE ALAMEDA - SAN JOSE, CA 95126	94-1583439	501C3	23,333.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 1551 23RD AVE - OAKLAND, CA 94606	94-3115164	501C3	17,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501C3	174,200.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
NORTHEAST COMMUNITY FEDERAL CREDIT UNION - 683 CLAY STREET - SAN FRANCISCO, CA 94111	94-2891498	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501C3	102,250.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
PACIFICA RESOURCE CENTER 1809 PALMETTO AVENUE PACIFICA, CA 94044	81-1496989	501C3	5,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009 - NAPA, CA 94559	20-3126333	501C3	6,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
REDWOOD CITY SCHOOL DISTRICT 750 BRADFORD STREET REDWOOD CITY, CA 94063	94-3034018	501C3	105,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
RENAISSANCE ENTREPRENEURSHIP CENTER - 1848 BAY ROAD - EAST PALO ALTO, CA 94303	94-2793122	501C3	6,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
RICHMOND COMMUNITY FOUNDATION 1014 FLORIDA AVENUE, SUITE 2000 RICHMOND, CA 94804	94-3337754	501C3	773,725.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
RUBICON PROGRAMS INC. 2500 BISSELL AVENUE RICHMOND, CA 94804	94-2301550	501C3	8,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SACRED HEART COMMUNITY SERVICES 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501C3	193,250.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SAMARITAN HOUSE 4031 PACIFIC BLVD. SAN MATEO, CA 94403	23-7416272	501C3	7,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SAN ANTONIO CDC 2228 E15TH STREET OAKLAND, CA 94606	94-2675448	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SAN FRANCISCO HOUSING DEVELOPMENT CORPORATION - 4439 THIRD STREET - SAN FRANCISCO, CA 94124	94-3090854	501C3	12,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SAN JOSE EVERGREEN COMMUNITY COLLEGE DISTRICT - 40 SOUTH MARKET STREET - SAN JOSE, CA 95113	77-0100756	501C3	75,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - SPARKPOINT AT SKYLINE COLLEGE - 3300 COLLEGE DRIVE - SAN BRUNO, CA 94066	94-3084147	501C3	122,350.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SELF-HELP ECONOMIC DEVELOPMENT, INC. - 1330 BROADWAY, SUITE 604 - OAKLAND, CA 94612	20-5330006	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SIT/SPARKPOINT 3105 WILLOW PASS ROAD #3 BAY POINT, CA 94565	94-3337754	501C3	7,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC. - 1900 FRUITVALE AVE - OAKLAND, CA 94601	94-1670490	501C3	10,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
ST. JOSEPHS FAMILY CENTER 7950 CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775	501C3	80,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
SUCCESS CENTER SAN FRANCISCO 375 WOODSIDE AVE., BLDG W-20 SAN FRANCISCO, CA 94127	94-2844443	501C3	17,500.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
SUNNYVALE COMMUNITY SERVICES 725 KIEFER RD. SUNNYVALE, CA 94086	94-1713897	501C3	82,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
T&B CONSULTANTS DBA LIFE ONTRAK 69 LINCOLN BLVD. #A216 LINCOLN, CA 95648	45-3608301	501C3	6,120.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES

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THE SALVATION ARMY 359 NORTH 4TH STREET SAN JOSE, CA 95112	94-1156347	501C3	80,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
THE SAN FRANCISCO WOMEN'S CENTERS INC - 3543 18TH STREET - SAN FRANCISCO, CA 94110	94-1730620	501C3	10,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
THE STRIDE CENTER 1212 BROADWAY, SUITE 400 OAKLAND, CA 94612	94-3333571	501C3	6,450.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
THE YOUTH EMPLOYMENT PARTNERSHIP 2300 INTERNATIONAL BLVD OAKLAND, CA 94601	94-2517075	501C3	6,450.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
TRAVIS CREDIT UNION 1 TRAVIS WAY VACAVILLE, CA 95687	94-1242831	501C3	8,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
TREASURE ISLAND HOMELESS DEVELOPMENT INITIATIVE - 1 AVENUE OF THE PALMS ROOM 166 - SAN FRANCISCO, CA 94130	94-3280624	501C3	7,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING ST. - SAINT HELENA, CA 94574	80-0023012	501C3	15,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685	501C3	128,333.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	94-0997140	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES

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YOUNG COMMUNITY DEVELOPERS, INC 1715 YOSEMITE AVENUE SAN FRANCISCO, CA 94124	94-2187776	501C3	22,700.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
AMERICA'S BEST LOCAL CHARITIES 1100 LARKSPUR LANDING CIRCLE, STE 3 LARKSPUR, CA 94939	94-3042430	501C3	63,256.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ARTSPAN 934 BRANNAN STREET SAN FRANCISCO, CA 94103	94-3148481	501C3	14,433.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASIA FOUNDATION 465 CALIFORNIA STREET, 9TH FLOOR SAN FRANCISCO, CA 94104	94-1191246	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASIAN ART MUSEUM 200 LARKIN STREET SAN FRANCISCO, CA 94102	94-1704765	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AVALON ACADEMY 818 MAHLER ROAD BURLINGAME, CA 94010	20-1651912	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA DISCOVERY MUSEUM 557 MCREYNOLDS ROAD SAUSALITO, CA 94965	68-0033227	501C3	6,085.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA WOMEN'S & CHILDREN'S CENTER - 318 LEAVENWORTH STREET - SAN FRANCISCO, CA 94102	94-2722718	501C3	6,900.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	94-1679756	501C3	40,349.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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BOY SCOUTS MARIN COUNCIL 225 WEST END AVE. SAN RAFAEL, CA 94901	94-1156323	501C3	5,509.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOYS & GIRLS CLUB SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501C3	6,755.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BRANSON SCHOOL PO BOX 887 ROSS, CA 94957	94-0338330	501C3	10,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BREAKTHROUGH COLLABORATIVE 180 GRAND AVENUE, SUITE 1225 OAKLAND, CA 94612	94-3140620	501C3	27,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CANYON CREEK PRESBYTERIAN CHURCH 9015 S GALE RIDGE ROAD SAN RAMON, CA 94582	68-0152944	501C3	6,088.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO ST SAN FRANCISCO, CA 94108	94-1156846	501C3	31,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD, #200 - SAN JOSE, CA 95134	94-2762269	501C3	8,330.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS CREATIVITY MUSEUM 221 FOURTH STREET SAN FRANCISCO, CA 94103	94-3178735	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	95-4335462	501C3	9,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHURCH OF JESUS CHRIST LDS CORPORATION - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501C3	6,295.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMON SENSE MEDIA 650 TOWNSEND STREET, SUITE 375 SAN FRANCISCO, CA 94103	41-2024986	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY CHILD CARE COUNCIL (4CS) 22351 CITY CENTER DRIVE HAYWARD, CA 94541	23-7218859	501C3	6,305.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY HEALTH CHARITIES OF CALIFORNIA - 1199 N. FAIRFAX ST. STE. 600 - ALEXANDRIA, VA 22314	13-6167225	501C3	60,509.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMPASS FAMILY SERVICES 49 POWELL STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501C3	26,255.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST SAN RAFAEL, CA 94901	94-2831592	501C3	6,958.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DE LA SALLE HIGH SCHOOL 1130 WINTON DR (DEVELPMNT OFC) CONCORD, CA 94518	68-0311262	501C3	10,699.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DOCTORS WITHOUT BORDERS HEADQUARTER - 333 7TH AVENUE, 2ND FLOOR - NEW YORK, NY 10016	13-3433452	501C3	6,241.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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DREW SCHOOL OF SAN FRANCISCO 2901 CALIFORNIA SAN FRANCISCO, CA 94115	94-2219550	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EARTHSHARE CALIFORNIA 870 MARKET STREET, SUITE 703 SAN FRANCISCO, CA 94102	94-2840364	501C3	14,348.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EDGEWOOD CENTER FOR CHILDREN & FAMILIES - 1801 VICENTE STREET - SAN FRANCISCO, CA 94116	94-1186168	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EMBARCADERO YMCA 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	94-0997140	501C3	7,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FAMILY HOUSE- SAN FRANCISCO 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158	94-2722663	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FELLOWSHIP OF CHRISTIAN ATHLETES BAY - P.O. BOX 24308 - SAN JOSE, CA 95154	44-0610626	501C3	5,193.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRE ASSOCIATES OF SANTA CLARA VALLEY - P.O. BOX 494 - CAMPBELL, CA 95009	23-7087975	501C3	5,483.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOOD BANK OF CONTRA COSTA & SOLANO PO BOX 6324 CONCORD, CA 94524	94-2418054	501C3	11,109.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FRIENDS OF SAN FRANCISCO ANIMAL CARE - 1200 15TH STREET - SAN FRANCISCO, CA 94103	94-3371620	501C3	11,532.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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FRIENDS OF THE URBAN FOREST 1007 GENERAL KENNEDY AVE STE 1 SAN FRANCISCO, CA 94129	94-2699528	501C3	17,420.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GERMAN AMERICAN INTERNATIONAL SCHOOL - 475 POPE STREET - MENLO PARK, CA 94025	94-2998528	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501C3	12,811.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HAMILTON FAMILIES 1631 HAYES STREET SAN FRANCISCO, CA 94117	94-3055602	501C3	40,225.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD COLLEGE FUND 124 MT AUBURN STREET CAMBRIDGE, MA 02138	53-0199180	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501C3	10,743.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH FAMILY & COMMUNITY SERVICES 2484 SHATTUCK AVE #210 BERKELEY, CA 94704	94-3250304	501C3	5,340.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JF KAPNEK CHARITABLE TRUST 936 DEWING AVENUE, SUITE E3 LAFAYETTE, CA 94549	23-7165692	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUBILEE CHRISTIAN CENTER 175 NORTECH PARKWAY SAN JOSE, CA 95134	77-0195311	501C3	7,895.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JUSTICE & DIVERSITY CENTER OF THE BAR - 301 BATTERY STREET, THIRD FLOOR - SAN FRANCISCO, CA 94111	94-2931349	501C3	5,050.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KIPP BAY AREA SCHOOLS 1404 FRANKLIN STREET, SUITE 500 OAKLAND, CA 94612	20-5010766	501C3	5,585.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KIPP FOUNDATION DEPT LA 24579 PASADENA, CA 91185	94-3362724	501C3	10,134.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501C3	7,063.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LA CASA DE LAS MADRES 1663 MISSION STREET, SUITE 225 SAN FRANCISCO, CA 94103	94-2330864	501C3	9,745.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LARKIN STREET YOUTH SERVICES 701 SUTTER STREET, SUITE 2 SAN FRANCISCO, CA 94109	94-2917999	501C3	15,322.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LEGAL AID AT WORK 180 MONTGOMERY STREET, SUITE 600 SAN FRANCISCO, CA 94104	94-2783401	501C3	5,634.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	94-1186156	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY NEW ORLEANS 6363 SAINT CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501C3	6,708.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MAKE A WISH FOUNDATION GREATER BAY AREA - 55 HAWTHORNE STREET #800 - SAN FRANCISCO, CA 94105	94-2958481	501C3	7,932.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MARIN ACADEMY 1600 MISSION AVE SAN RAFAEL, CA 94901	94-1186189	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MICHAEL J. FOX FOUNDATION CHURCH STREET STATION NEW YORK, NY 10163	13-4141945	501C3	6,792.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 94556	94-2791659	501C3	6,200.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NEBRASKA WRITERS COLLECTIVE 9712 NORTH 34TH STREET OMAHA, NE 68112	20-8109537	501C3	7,092.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NUEVA SCHOOL 6565 SKYLINE BLVD. HILLSBOROUGH, CA 94010	94-1633387	501C3	19,288.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OAKLAND MUSEUM OF CALIFORNIA FOUNDATION - 1000 OAK STREET, DEVELOPMENT - OAKLAND, CA 94607	94-3094513	501C3	5,520.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OLANA PARTNERSHIP PO BOX 199 HUDSON, NY 12534	14-1828430	501C3	23,970.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS ROAD BURLINGAME, CA 94010	94-1243665	501C3	5,030.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PENNSYLVANIA ACADEMY OF FINE ARTS 128 N BROAD STREET PHILADELPHIA, PA 19102	23-1352256	501C3	50,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PI KAPPA ALPHA EDUCATIONAL FOUNDATION - 8347 WEST RANGE COVE - MEMPHIS, TN 38125	62-6039877	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PLANNED PARENTHOOD FOUNDATION-NATL HQ - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501C3	7,733.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501C3	23,845.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SALVATION ARMY GOLDEN STATE DIVISION - PO BOX 193465 - SAN FRANCISCO, CA 94119	94-1156347	501C3	6,277.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO GENERAL HOSPITAL FDN 2789 25TH STREET, SUITE 2028 SAN FRANCISCO, CA 94110	94-3189424	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	12,067.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE, DEV DEPT SAN FRANCISCO, CA 94102	94-0836240	501C3	7,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA CLARA COUNTY ANIMAL SHELTER 12370 MURPHY AVENUE SAN MARTIN, CA 95046	94-6000533	501C3	12,460.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SECOND HARVEST FOOD BANK-SANTA CLARA AND - 750 CURTNER AVENUE - SAN JOSE, CA 95125	94-2614101	501C3	16,040.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SHIPLEY SCHOOL 814 YARROW STREET BRYN MAWR, PA 19010	23-1352677	501C3	30,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SMILE TRAIN INC 41 MADISON AVENUE, #28TH FLOOR NEW YORK, NY 10010	13-3661416	501C3	5,978.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	8,932.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUMMER SEARCH FOUNDATION 101 HOWARD STREET, SUITE 250 SAN FRANCISCO, CA 94105	68-0200138	501C3	26,767.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SYNAPSE SCHOOL 3375 EDISON WAY MENLO PARK, CA 94025	46-0631841	501C3	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TRIPS FOR KIDS 610 4TH STREET SAN RAFAEL, CA 94901	68-0159458	501C3	7,145.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UC SANTA CRUZ FOUNDATION 1156 HIGH STREET SANTA CRUZ, CA 95064	23-7394590	501C3	6,440.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501C3	6,768.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF METROPOLITAN CHICAGO 333 S WABASH, 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	5,640.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, SUITE 300 SALT LAKE CITY, UT 84111	87-0227091	501C3	13,718.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY SOUTHERN NEVADA PO BOX 30910 LAS VEGAS, NV 89173	88-0071328	501C3	5,349.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE ST SAN FRANCISCO, CA 94117	94-1622034	501C3	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 3075 - SOUTHEASTERN, PA 19398	23-2888152	501C3	160,200.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VMC FOUNDATION 2400 MOORPARK AVENUE, #207 SAN JOSE, CA 95128	77-0187890	501C3	6,564.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WASHINGTON UNIVERSITY SCHOOL OF LAW - ONE BROOKINGS DRIVE, CAMPUS BOX 1082 - SAINT LOUIS, MO 63130	43-0653611	501C3	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WATCHTOWER BIBLE AND TRACT 25 COLUMBIA HEIGHTS BROOKLYN, NY 11201	11-1857820	501C3	5,080.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	13-1789318	501C3	50,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ZEN HOSPICE CENTER 273 PAGE STREET SAN FRANCISCO, CA 94102	94-3155375	501C3	14,433.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNION CONGREGATIONAL CHURCH 51 WOODLAND ROAD, APT. 1 ATTENTION: ROBE - CAPE ELIZABETH, ME 04107		501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST MARY CATHOLIC CHURCH 2051 MT DIABLO BLVD WALNUT CREEK, CA 94596		501C3	6,350.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST MARY-VIRGIN EPISCOPAL CHURCH 2325 UNION STREET SAN FRANCISCO, CA 94123		501C3	5,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST ALBERT'S PRIORY 5890 BIRCH COURT OAKLAND, CA 94618		501C3	10,152.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MIRAMONTE HIGH SCHOOL BOOSTER CLUB 750 MORAGA WAY ORINDA, CA 94563		501C3	17,183.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MIT SLOAN SCHOOL OF MANAGEMENT 77 MASSACHUSETTS AVE, E60-300 CAMBRIDGE, MA 02139		501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LAKE TAHOE SCHOOL 995 TAHOE BLVD INCLINE VILLAGE, NV 89451		501C3	5,250.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST HEBREW CONGREGATION OF OAKLAND - 2808 SUMMIT STREET - OAKLAND, CA 94609		501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CITY CHURCH OF SAN FRANCISCO PO BOX 641049 SAN FRANCISCO, CA 94164		501C3	6,875.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LIFEMOVES 181 CONSTITUTION DR MENLO PARK, CA 94025	77-0160469	501C3	70,500.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
HARVARD BUSINESS SCHOOL TEELE HALL, 230 WESTERN AVENUE BOSTON, MA 02163		501C3	101,581.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL 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:

FUNDING ALLOCATED TO AGENCIES AS DIRECTED BY DONORS:

UNITED WAY OF THE BAY AREA RESPONSIBLY FULFILLS DONOR INTENT, INCLUDING REQUESTS TO FUND SPECIFIC NONPROFITS THAT MEET THE IRS QUALIFICATIONS OF A TAX EXEMPT CHARITABLE ORGANIZATION UNDER SECTION 170(C). ELIGIBLE ORGANIZATIONS ARE ALSO REQUIRED TO BE IN COMPLIANCE WITH THE SPIRIT AND INTENT OF THE USA PATRIOT ACT AND OTHER COUNTER TERRORISM LAWS.

ALLOCATIONS AND RE-GRANTS TO PARTNERS:

Part IV Supplemental Information

UNITED WAY OF THE BAY AREA PARTNERS WITH OTHER 501(C)3

ORGANIZATIONS/PARTNERS TO SUPPORT ITS MISSION IN VARIOUS PROGRAM AREAS.

GRANT PROPOSALS ARE EVALUATED ON THE BASIS OF THEIR ALIGNMENT WITH UWBA'S

STRATEGIC PLAN AS WELL AS THE AGENCY'S ABILITY TO DEMONSTRATE HIGH

STANDARDS IN FISCAL AND PROGRAMMATIC OPERATIONS AND OVERALL ORGANIZATIONAL

STRENGTH.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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 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) WILSON, ANNE CHIEF EXECUTIVE OFFICER	(i)	300,545.	0.	9,901.	157,155.	41,330.	508,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MCDONNELL, ERIC CHIEF OPERATING OFFICER	(i)	246,612.	51.	1,225.	36,042.	17,651.	301,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRAUN, JOAN CHIEF FINANCE & ADMIN OFFICER	(i)	185,394.	51.	7,342.	11,692.	28,940.	233,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICELY, KATHLEEN CHIEF DEVELOPMENT OFFICER	(i)	231,113.	51.	1,285.	11,644.	9,192.	253,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HYDE, RANDY SENIOR VP MARKETING	(i)	138,893.	51.	1,238.	7,095.	9,128.	156,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCHAUER, JOHN VP, INFORMATION TECHNOLOGY	(i)	119,151.	1,054.	1,009.	37,628.	25,890.	184,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TAM, TSE MING VP, COMMUNITY INVESTMENT	(i)	108,139.	0.	60,727.	7,637.	16,426.	192,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

TSE MING TAM, VP OF COMMUNITY IMPACT TEAM, WAS PAID A SEVERANCE OF \$56,517.
POSITION WAS ELIMINATED.

SCHEDULE J, PART II, COLUMN C:

THE IRS DEFINES OTHER COMPENSATION (COLUMN C) AS REPORTED ON SCHEDULE J
TO INCLUDE THE ANNUAL INCREASE IN THE ACTUARIAL VALUE OF A DEFINED
BENEFIT PLAN. THREE CURRENT DIRECTORS, OFFICERS OR KEY EMPLOYEES WERE
PART OF THE DEFINED BENEFITS PLAN THE CEO, COO AND VP, IT. FOR UWBA'S
PURPOSES, BOTH THE COMPANY PORTION OF THE CEO'S 401K EXPENSES (\$21,200)
AS WELL AS THE ANNUAL ACTUARIAL VALUE OF THE NOW FROZEN DEFINED BENEFIT
PLAN (\$135,955), HAVE BEEN INCLUDED TO ARRIVE AT \$157,155.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **UNITED WAY OF THE BAY AREA** Employer identification number **94-1312348**

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	37	529,387.	PROCEEDS FROM SALE
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	X	1	18,820.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MS SURFACES)	X	1	12,800.	FMV
26 Other ▶ (CREDIT CARDS)	X	1	2,950.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

FORM 990, PART I, LINE 6

VOLUNTEERS

VOLUNTEER NUMBER INCLUDES VOLUNTEERS WHO PROVIDE DIRECT SERVICE TO

UNITED WAY OF THE BAY AREA AS BOARD MEMBERS, VOLUNTEER TAX PREPARERS,

FUNDRAISERS AND CAMPAIGN COORDINATORS, ADVOCACY AND PUBLIC POLICY

VOLUNTEERS, AND VOLUNTEERS IN OTHER UNITED WAY OF THE BAY AREA

PROGRAMS, AS WELL AS VOLUNTEER MATCHING REFERRALS THAT MATCH AND

MOBILIZE VOLUNTEERS STRATEGICALLY TO MEET IDENTIFIED COMMUNITY NEEDS.

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

POVERTY TO ECONOMIC SUCCESS BY (1) INCREASING INCOME; (2) REDUCING

DEBT; (3) INCREASING CREDIT SCORES; AND (4) INCREASING SAVINGS. THE

SPARKPOINT REGIONAL NETWORK INCLUDES MORE THAN 75 OUTSTANDING PARTNER

ORGANIZATIONS ACROSS THE BAY AREA.

RECENTLY SPARKPOINT HAS EXPANDED WORK INTO COMMUNITY COLLEGES AND

COMMUNITY SCHOOLS. SPARKPOINT IN COMMUNITY SCHOOLS TAKES A

TWO-GENERATION APPROACH TO IMPROVE THE IMMEDIATE AND LONG-TERM

FINANCIAL STABILITY OF PARENTS WHILE ENSURING THAT CHILDREN ARE HEALTHY

AND SUPPORTED AT SCHOOL. THIS DISRUPTS THE CYCLE OF POVERTY SO THAT

ENTIRE FAMILIES CAN SUCCEED NOW AND FAR INTO THE FUTURE. SPARKPOINT ALSO

RECOGNIZES THAT A GOOD EDUCATION, MARKETABLE SKILLS, AND GOOD JOB ARE

NEEDED TO LIFT SOMEONE OUT OF POVERTY. THROUGH THE EXPANSION INTO

COMMUNITY COLLEGES, CENTERS ALIGN THEIR STRONGEST PROGRAMMATIC ASSETS

TO IMPROVE THE SCHOOL TO CAREER PATHWAY FOR LOW-INCOME STUDENTS. THEY

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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ENSURE THAT STUDENTS KNOW MORE ABOUT AVAILABLE CAREER AND EDUCATION OPTIONS, INCLUDING POST-SECONDARY JOB TRAINING AND CERTIFICATE AND DEGREE PROGRAMS. SPARKPOINT ENSURES THAT STUDENTS START AND REMAIN ON A PATH TOWARD A GOOD JOB THROUGH WRAP AROUND SUPPORT SERVICES. UWBA'S STRONG RELATIONSHIPS WITH MAJOR EMPLOYERS ACROSS VARIOUS SECTORS, PROVIDE STUDENTS WITH ACCESS TO WORK BASED LEARNING OPPORTUNITIES AND JOBS.

FY17 HIGHLIGHTS INCLUDE:

-315 CLIENTS ACHIEVED SELF-SUFFICIENT INCOME
-717 CLIENTS ACHIEVED AT LEAST ONE ELEMENT PROSPERITY: SELF-SUFFICIENT INCOME, 3 MONTHS SAVINGS, 700 CREDIT SCORE, NO REVOLVING DEBT
-THE REGIONAL NETWORK HAS PLACED 591 CLIENTS IN JOBS, AND HAS AN AVERAGE HOURLY WAGE OF \$20.33

EARN IT! KEEP IT! SAVE IT! (EKS) IS A UWBA-LED COALITION OF PARTNERS THAT PREPARES TAX RETURNS FOR FREE, ENSURING LOW- TO MODERATE-INCOME FAMILIES GET THE REFUNDS AND CREDITS FOR WHICH THEY ARE ELIGIBLE. DURING THE 2017 TAX SEASON, 2,800 VOLUNTEERS PREPARED MORE THAN 72,200 RETURNS AND BROUGHT BACK OVER \$75MILLION IN REFUNDS. ADDITIONALLY, \$22 MILLION OF THOSE REFUNDS WAS IN EARNED INCOME TAX CREDIT (EITC). EITC GOES TO THE POOREST, MOST VULNERABLE BAY AREA HOUSEHOLDS AND HAS BEEN IDENTIFIED BY POVERTY-FIGHTING EXPERTS AS ONE OF THE MOST EFFECTIVE PROGRAMS NATIONALLY, LIFTING MILLIONS OF PEOPLE ABOVE THE FEDERAL POVERTY LEVEL EVERY YEAR. FAMILIES USE THEIR REFUNDS PRIMARILY TO PAY BILLS, RENT, AND TO BUY FOOD OR CLOTHES. THROUGH ITS TAX PREPARATION EFFORTS, EKS PROVIDES RESOURCES TO MEET BASIC NEEDS, WHICH IS CRITICAL TO ENDING THE CYCLE OF POVERTY IN THE BAY AREA. EKS HAS 200 LOCATIONS

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IN EIGHT COUNTIES, SEVERAL ARE LOCATED AT SPARKPOINT CENTERS. IN ADDITION TO PREPARING TAX RETURNS, EKS USES THE TAX PREPARATION SESSION AS A MOMENT TO OFFER LOW-INCOME FAMILIES THE OPPORTUNITY TO INCREASE THEIR SAVINGS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
NEXT SEVERAL YEARS, JOBS+ EXPECTS TO EXPAND INTO MORE COUNTIES SERVED BY UNITED WAY BAY AREA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMS LIKE UNITED WAYS AROUND THE COUNTRY, UWBA MANAGES THE LOCAL ACTIVITIES OF THE FEDERAL EMERGENCY FOOD AND SHELTER PROGRAM (EFSP), WHICH DISTRIBUTES FEDERAL FUNDS TO LOCAL PROGRAMS THAT FEED AND PROVIDE SHELTER TO PEOPLE IN NEED. IN FY17 UWBA DISTRIBUTED APPROXIMATELY \$1,572,000 TO FOOD AND HOUSING PROGRAMS IN 7 OF OUR 8 BAY AREA COUNTIES THROUGH THE EMERGENCY FOOD AND SHELTER PROGRAM

LABOR COMMUNITY SERVICES

THE LONG-STANDING LABOR-UNITED WAY PARTNERSHIP COMBINES THE POWER OF MORE THAN 12.5 MILLION WORKING FAMILIES AND THEIR COMMUNITIES TOWARD A SHARED VISION WHERE ALL HAVE THE OPPORTUNITY TO REACH THEIR HIGHEST POTENTIAL. LOCALLY, UWBA'S LABOR COMMUNITY SERVICES PROGRAM CONTINUED ITS ESSENTIAL ROLE OF ASSISTING PEOPLE IN POVERTY THROUGH DIRECT PROVISION OF COMMUNITY SERVICES AND POLICY ADVOCACY. IN FY17, OUR LABOR LIAISONS IN THREE COUNTIES (SAN MATEO, SAN FRANCISCO, AND CONTRA COSTA) PROVIDED HARDSHIP ASSISTANCE TO OVER 800 INDIVIDUALS INCLUDING HOUSING, HEALTH, UTILITIES, JOB ACCESS ISSUES, AND OTHER EMERGENCIES. THE LIAISONS ALSO WORKED CLOSELY WITH UNITED WAY'S OTHER PROGRAMS, HELPING

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TO REFER POTENTIAL CLIENTS TO EKS, 211 AND SPARKPOINT. THEY FOCUSED ON KEY ISSUES SUCH AS STRENGTHENING THE SAFETY NET FOR IMMIGRANT FAMILIES, INCLUDING CO-HOSTING AN IMMIGRANT WORKER RIGHTS TRAINING SPONSORED BY THE CALIFORNIA LABOR FEDERATION, AND IN SAN FRANCISCO PROVIDING ONE STOP LEGAL AND WRAPAROUND SERVICES TO IMMIGRANT UNION MEMBERS AND THEIR FAMILIES. OUR LABOR LIAISON IN SAN MATEO COORDINATED A PRE-APPRENTICESHIP PROGRAM IN THE CONSTRUCTION SECTOR THAT RESULTED IN 95 APPRENTICESHIPS AND JOB PLACEMENTS. THE LABOR LIAISON IN CONTRA COSTA RAN AN EKS SITE AND FILED OVER 160 TAX RETURNS.

PUBLIC POLICY

UNITED WAY BAY AREA RECOGNIZES THAT IN ORDER TO ACHIEVE OUR GOAL OF ENDING THE CYCLE OF POVERTY IN OUR COMMUNITY, WE MUST ADVANCE PUBLIC POLICIES THAT SUPPORT OUR MISSION. UWBA'S PUBLIC POLICY TEAM INFLUENCES POLICY AND ENGAGES IN ADVOCACY AT ALL LEVELS OF GOVERNMENT, AT THE FEDERAL AND STATE LEVELS, AND LOCALLY IN OUR EIGHT-COUNTY SERVICE AREA (ALAMEDA, CONTRA COSTA, MARIN, NAPA, SAN FRANCISCO, SAN MATEO, SANTA CLARA, AND SOLANO). IN ADDITION, WE PROVIDE ADVOCACY SUPPORT TO STATE AND FEDERAL ISSUES IMPORTANT TO THE UNITED WAY SYSTEM. IN FY17, WE ADDED HOUSING TO OUR POLICY AGENDA, ENDORSED BOND MEASURES IN ALAMEDA AND SANTA CLARA COUNTIES, AND ORGANIZED PHONEBANKS TO EDUCATE VOTERS ON THE MEASURES AND ASK FOR THEIR SUPPORT BOTH MEASURES PASSED WITH 2/3 VOTER APPROVAL TO GENERATE \$1.5 BILLION FOR AFFORDABLE HOUSING. ON THE ISSUE OF HEALTH, TOGETHER WITH OUR COALITION PARTNERS IN CONTRA COSTA COUNTY, WE SUCCESSFULLY ADVOCATED TO EXPAND CONTRA COSTA CARES, A COUNTY HEALTH PROGRAM THAT PROVIDES COVERAGE TO THE UNINSURED ADULT POPULATION, INCLUDING UNDOCUMENTED IMMIGRANTS. THE PROGRAM WILL NOW BE ABLE TO COVER 4,400 UNINSURED ADULTS IN CONTRA COSTA COUNTY. WE

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ACHIEVED ANOTHER KEY WIN FOR WORKING FAMILIES WITH A SIGNIFICANT EXPANSION OF THE CALIFORNIA STATE EARNED INCOME TAX CREDIT. SELF-EMPLOYED WORKERS WILL NOW BE ELIGIBLE FOR THE TAX CREDIT DURING NEXT YEAR'S TAX SEASON, AND THE MAXIMUM INCOME THRESHOLD FOR PARENTS WITH TWO OR MORE CHILDREN WILL BE LIFTED FROM \$14,000 TO \$22,000/YEAR.

FINALLY, UWBA HAS FORMED A COALITION CALLED RISE TOGETHER, COMPRISING NEARLY 300 LEADING INSTITUTIONS THAT HAVE COME TOGETHER TO CUT POVERTY IN HALF IN THE BAY AREA BY 2020. LAUNCHED BY UWBA IN 2012, RISE TOGETHER CONTINUES TO STAND OUT AS A PIVOTAL REGIONAL STRATEGY THROUGH A COLLECTIVE IMPACT APPROACH. IN THE LAST FOUR YEARS, RISE TOGETHER HAS: GIVEN GRANTS TO LOCAL LEADERS AND PARTNERSHIPS WHO ARE FIGHTING POVERTY; SELECTIVELY ENGAGED ON KEY POLICY ISSUES; HOSTED MAJOR EVENTS TO SHOWCASE THE ISSUES AND SOLUTIONS OF POVERTY; AND WON AN AWARD FROM THE NATIONAL ASSOCIATION OF COUNTIES. UWBA SERVES AS THE BACKBONE ORGANIZATION AND HELPS THE PARTNERS SELECT AND IMPLEMENT KEY INITIATIVES. PARTNERS INCLUDE POLITICAL AND FAITH LEADERS, BUSINESSES, NONPROFITS, GOVERNMENT, ACADEMIA, MEDIA AND OTHERS.

211 INITIATIVE

211 IS A FREE, EASY-TO-REMEMBER PHONE NUMBER AND WEB RESOURCE THAT ANYONE CAN CALL FOR INFORMATION AND REFERRAL TO RESOURCES. LAST YEAR, UWBA AND ITS PARTNER CALL CENTERS IN EIGHT BAY AREA COUNTIES RESPONDED TO APPROXIMATELY 144,000 CALLS. MORE THAN HALF OF THESE REQUESTS CAME FROM THOSE REQUESTING HELP WITH POVERTY/BASIC NEEDS ISSUES SUCH AS FOOD, JOBS AND SHELTER.

IN ADDITION TO DAILY INFORMATION AND REFERRAL, 211 IS A CRITICAL

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RESOURCE FOR DISASTERS. IN RECENT YEARS, 211 HAS BEEN AVAILABLE FOR RESPONSES TO AN EARTHQUAKE, FLOODS, AND MAJOR FIRES. WE HAVE LAUNCHED A NEW GUIDED SEARCH WEBSITE AND 2-WAY TEXTING TO INCREASE ACCESSIBILITY. EXPENSES \$ 2,742,689. INCLUDING GRANTS OF \$ 1,077,818. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE IS EMPOWERED WITH LIMITATIONS TO TAKE ACTION ON BEHALF OF THE BOARD BETWEEN ITS REGULARLY SCHEDULED MEETINGS.

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

CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER AND CONTROLLER REVIEW FINAL DRAFT OF 990 BEFORE PRESENTING TO ALL VOTING MEMBERS OF THE BOARD FOR INFORMATIONAL REVIEW PRIOR TO SUBMISSION. BOARD MEMBERS HAVE 5-7 DAYS TO RESPOND WITH QUESTIONS AND PRESENT CONCERNS. AFTER THAT, THE 990 IS SUBMITTED TO THE IRS.

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

THE UWBA IS COMMITTED TO THE HIGHEST STANDARDS OF ETHICAL COMPLIANCE. OUR CORPORATE COMPLIANCE POLICY, OUR CODE OF ETHICAL CONDUCT, AND OUR CONFLICT OF INTEREST POLICY ARE POSTED ON OUR INTRANET AND ON OUR ORGANIZATION'S PUBLIC FACING WEB SITE. TAKEN TOGETHER, THEY OUTLINE THE EXPECTATIONS THE UWBA HAS OF ITS EMPLOYEES, VOLUNTEERS, AND REPRESENTATIVES. THE CONFLICT OF INTEREST POLICY CONTAINS SPECIFIC INJUNCTIONS AGAINST ANY PRACTICE OR ACT WHICH CONFLICTS WITH OR APPEARS TO CONFLICT WITH THE INTERESTS OF THE UWBA, BOTH ON AND OFF THE JOB. IT GOES ON TO EXPLICITLY STATE THAT NO EMPLOYEE, VOLUNTEER, OR REPRESENTATIVE SHALL USE HER/HIS POSITION OR INFLUENCE OR INFORMATION TO WHICH THEY HAVE ACCESS TO AS A RESULT OF THEIR ASSOCIATION OR ANY ASSETS OR RESOURCES OF THE UWBA FOR HER/HIS OWN PERSONAL GAIN, FOR

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TRADING OR FOR THE IMPROPER BENEFIT OF OTHERS.

THE POLICY PROHIBITS PERFORMING COMPENSATED SERVICES FOR OR HAVING A BENEFICIAL INTEREST IN, OR BEING SUBSTANTIALLY OBLIGATED TO (OR A SIMILAR RELATIONSHIP FOR ANY FAMILY MEMBER OR CLOSE RELATIVE), ANY OF UWBA'S SUPPLIERS OF GOODS OR SERVICES OR ANY OTHER ORGANIZATION DOING BUSINESS WITH UWBA UNLESS SUCH FACT HAS BEEN PROPERLY DISCLOSED TO UWBA'S CEO AND TO UWBA'S BOARD, AND SUCH RELATIONSHIP HAS BEEN SPECIFICALLY APPROVED BY THE BOARD ON THE BASIS OF A FULL DISCLOSURE OF THE FACTS.

THE CODE OF ETHICAL CONDUCT SPECIFICALLY REQUIRES THE REPORTING OF VIOLATIONS AND THE PROTECTION OF THOSE WHO REPORT VIOLATIONS. OUR CORPORATE COMPLIANCE POLICY LAYS OUT A CLEARLY DEFINED PROCESS FOR EMPLOYEES AND VOLUNTEERS TO FOLLOW IN ORDER TO DISCLOSE ANY REASONABLE BELIEF THAT ANOTHER EMPLOYEE OR VOLUNTEER HAS VIOLATED LEGAL OR INTERNAL POLICY STANDARDS, WHETHER IN THE WORKPLACE OR OTHERWISE AS PART OF UWBA'S ACTIVITIES. INCLUDED IN THAT PROCEDURE IS A REPORT TO BE MADE TO THE BOARD ANNUALLY REGARDING ITEMS BROUGHT TO THE ATTENTION OF THE CORPORATE COMPLIANCE TASKFORCE, THE RESULTS OF THE INVESTIGATION THE TASKFORCE DID, AND THE STEPS TAKEN TO ADDRESS THE CONCERNS RAISED, IF STEPS WERE MERITED. THE TASKFORCE IS COMPOSED OF THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND THE CHIEF ETHICS OFFICER.

THE UNITED WAY OF THE BAY AREA HAS AN ANNUAL PROCESS FOR RE-AFFIRMING ITS CONFLICT OF INTEREST, ITS CODE OF ETHICAL CONDUCT, ITS CORPORATE COMPLIANCE AND DIVERSITY POLICIES. IT ALSO HAS A POLICY OF REVIEWING THE POLICIES ON A PERIODIC BASIS.

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

PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT AND OFFICERS/KEY EMPLOYEES IS THE SAME -

UNITED WAY OF THE BAY AREA HAS A CONTRACTUAL RELATIONSHIP WITH AN INDEPENDENT SALARY CONSULTANT WHO CONSIDERS INDUSTRY, POSITION, EXPERIENCE AND MARKET BEFORE MAKING RECOMMENDATIONS TO UNITED WAY OF THE BAY AREA'S COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE MEETS AT LEAST TWICE A YEAR TO REVIEW CURRENT DATA, ANALYZE BUDGET ISSUES AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS. MINIMALLY, THE BOARD APPROVES THE COMPENSATION OF THE CEO, CFAO AND OTHER KEY EMPLOYEES ON AN ANNUAL BASIS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE UNITED WAY OF THE BAY AREA WEBSITE AS WELL AS BY WRITTEN OR IN-PERSON REQUEST.

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

UNCOLLECTIBLE PLEDGES	-294,458.
CHANGE IN PENSION LIABILITY IN EXCESS OF INTANGIBLE PENSION ASSETS	1,955,081.
UWBA INHERITED RECEIVABLES FROM UWSV WRITE OFF	6,099.
TOTAL TO FORM 990, PART XI, LINE 9	1,666,722.

FORM 990, PART VIII AND PART IX

UNITED WAY STANDARD OVERHEAD CALCULATION

MANAGEMENT AND GENERAL EXPENSES - \$4,021,037

FUNDRAISING EXPENSES - \$2,893,350

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE BAY AREA	Employer identification number (EIN) or 94-1312348
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 550 KEARNY ST, NO. 1000	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94108	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOAN CATHERINE BRAUN

• The books are in the care of ▶ **550 KEARNY ST, #1000 - SAN FRANCISCO, CA 94108**
Telephone No. ▶ **415-808-4465** 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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-BL, 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.

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