# \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Inspection

A F	or the	2012 calendar year, or tax year beginning リリレーエ , ユリエュー and	ending L	JUN 30, 4013	)
<b>B</b> C	heck if pplicable	C Name of organization		D Employer identif	ication number
X	Addres	UNITED WAY OF THE BAY AREA		0.4.1	212240
	Name change	Doing Business As			.312348
	Initial _return _Termin- ated	I Marribor and Stroot for the box in the strong and	Room/suite 1000		808-4300
	⊒ated ]Amend _return		··· ···· · · · · · · · · · · · · · · ·	G Gross receipts \$	41,770,189.
	Applica Ition			H(a) Is this a group r	
***************************************	pendin			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
II	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)
JV	Vebsit	e:▶ WWW.UWBA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1922	M State of legal domicile: CA
	art I	Summary			
	1 6	Briefly describe the organization's mission or most significant activities: TO B	E THE	CATALYST TH	IAT ENABLES
Governance	]	PEOPLE TO STRENGTHEN THEIR COMMUNITIES B	A TMAF	SSTING IN ON	E ANOTHER.
rna		Check this box 🕨 🔲 if the organization discontinued its operations or dispo			ssets.
ove		Number of voting members of the governing body (Part VI, line 1a)		3	35
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			35
es &		Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)			106
vitie	1	Fotal number of volunteers (estimate if necessary)		I -	10874
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>
⋖	bl	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue				Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)		32,748,141.	
	9 1	Program service revenue (Part VIII, line 2g)		390,753.	
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		583,826.	674,985.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,369.	-191,016.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,719,351.	39,254,859.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,954,821.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	1
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,925,281.	
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b.	Total fundraising expenses (Part IX, column (D), line 25)	85.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,870,876.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,750,978.	
		Revenue less expenses. Subtract line 18 from line 12		-31,627.	
or			В	eginning of Current Year	
ets	20	Total assets (Part X, line 16)		22,688,895.	
Ass J Ba	21	Total liabilities (Part X, line 26)		12,260,304.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		10,428,591.	14,280,043.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			
Sig	n	Signature of officer		Date	
Her		JOAN CATHERINE BRAUN, CFAO			
-		Type or print name and title			
		Print/Type preparer's name Preparer's signature -		Date Check	PTIN
Pai	d	TRACY PAGLIA VILLY SKORVE	₹	2 10 14 if self-emplo	P00366884
Pre	parer	Firm's name MOSS ADAMS LLP		Firm's EIN	91-0189318
Use	Only	Firm's address 3121 WEST MARCH LANE, SUITE 100			
	-	STOCKTON, CA 95219		Phone no.	(209)955-6100
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

, ui	Check if Schedule O contains a response to any question in this Part III
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 F72  Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 19,567,525. including grants of \$ 19,567,525. ) (Revenue \$ 391,818.)
	GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES
4b	(Code: ) (Expenses \$ 4,408,639 • including grants of \$ 2,494,884 • ) (Revenue \$)
	SPARKPOINT. UNITED WAY OF THE BAY AREA HAS OPENED TEN SPARKPOINT
	CENTERS, WITH AT LEAST ONE IN EACH OF THE SEVEN COUNTIES IT SERVES. THE
	SPARKPOINT CENTER OFFERS MULTIPLE SERVICES IN ONE LOCATION FOR A PERSON
	OR FAMILY TRYING TO MOVE OUT OF POVERTY, EXAMPLES OF SERVICES INCLUDE
	JOB PLACEMENT, WORKFORCE DEVELOPMENT, CREDIT REPAIR, FINANCIAL
	EDUCATION AND COUNSELING, AND ACCESS TO PUBLIC BENEFITS LIKE HEALTH COVERAGE OR CHILD CARE. DURING THE FISCAL YEAR 2013 AND 2012 THE
	COVERAGE OR CHILD CARE. DURING THE FISCAL YEAR 2013 AND 2012 THE SPARKPOINT CENTERS SERVED MORE THAN 5,000 PEOPLE, AND 70% OF CLIENTS
	FOR WHOM WE HAVE EVALUATION DATA INCREASED THEIR INCOME, SAVINGS,
	AND/OR CREDIT SCORES; AND/OR REDUCED THEIR HOUSEHOLD DEBT. EACH
	SPARKPOINT CENTER IS DEVELOPED ORGANICALLY ACCORDINGLY TO LOCAL NEEDS
	AND ASSETS, PARTNER ORGANIZATIONS AT EACH SPARKPOINT PROVIDE SERVICES
4c	1 002 042 100 000
	211. AS AN EASY-TO-REMEMBER PHONE NUMBER THAT CAN BE DIALED FROM LAND
	OR CELL PHONES, 211 PROVIDES CALLERS WITH INFORMATION ABOUT AND
	REFERRALS TO ESSENTIAL SERVICES. 211 IS ALSO ACCESSIBLE ON THE
	INTERNET. 211 STRENGTHENS THE COMMUNITY BY ADDRESSING THE CHALLENGES
	PEOPLE FACE OBTAINING NEEDED HEALTH AND HUMAN SERVICES IN EVERYDAY LIFE
	AND IN TIMES OF PERSONAL CRISIS. IN TIMES OF DISASTER, 211 BECOMES AN
	ESSENTIAL PART OF OUR RESPONSE AND RECOVERY. TRAINED STAFF MAINTAIN AN
	UP-TO-DATE DATABASE OF PUBLIC AND PRIVATE NON-PROFIT RESOURCES TO MEET
	A WIDE RANGE OF NEEDS. 211 ALSO ANSWERS CALLS TWENTY-FOUR HOURS A DAY,
	SEVEN DAYS A WEEK, WITH THE ABILITY TO RESPOND IN THE CALLER'S LANGUAGE
	THROUGH BILINGUAL STAFF AND TELE-INTERPRETING SERVICES. UWBA RECEIVES
	PHONE CALLS FOR FIVE OF THE COUNTIES WE SERVE - MARIN, NAPA, SAN
4d	Other program services (Describe in Schedule O.) (Expenses \$ 7,665,984 • including grants of \$ 3,724,095 •) (Revenue \$ 9,600 •)
	(Expenses \$ 7,665,984 • including grants of \$ 3,724,095 •) (Revenue \$ 9,600 •)  Total program service expenses ▶ 32,734,190 •
46	Form 990 (2012)

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# UNITED WAY OF THE BAY AREA Part IV Checklist of Required Schedules

1 Is the organization described in section 501(x)(3) or 49x7(x)(1) (short than a private foundation)? 2 If the organization required to complete Schedule 8, Schedule of Contributors? 3 In the organization required to complete Schedule 8, Schedule of Contributors? 4 In the organization required to complete Schedule 6, Schedule of Contributors? 5 In the organization engage in direct or inclined to olditical campaign activities on behalf of or in opposition to candidates for public office? If *19x*; complete Schedule C, Part II 5 Is the organization as exterion 501(x)(4), 501(x)(5), or 501(x)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 20, Part II (so the organization as defined in Revenue Procedule 39x*) *19* If *19x*, complete Schedule C, Part II (so the organization and internal any donor advised funds or any similar funds or accounts 7* *19x*, complete Schedule D, Part II (so the organization or investment of amounts in such tude or accounts 7* *19x*, complete Schedule D, Part II (so the organization or investment of amounts in such tude or accounts 7* *19x*, complete Schedule D, Part II (so the organization mental and observation assembly in the environment, historic lard areas, or historic structures 7* *19x*, complete Schedule D, Part II (so the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not lated in Part X, complete Schedule D, Part II (so X)  If the organization is answer to any of the following questions is 7*xe, then complete Schedule D, Parts VI, VIII, VIII, X, cr X as applicable.  If the organization is answer to any of the following questions is 7*xe, then complete Schedule D, Parts VI, VIII, X, cr X as applicable.  If the organization is an amount for investments - other socialises in temporarily restricted endowments, or quasi-andorwants of the following questions is 7*xe, then complete Schedule D, Parts VI, VIII, X, cr X, as applicable.  If the orga				Yes	No
is the organization required to complete Schedule B, Schedule of Contributors?  Delta organization required to complete Schedule B, Schedule of Contributors?  Delta organization required to regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officed If "Yes," complete Schedule C, Part II"  Better organization a section 501(c)(4), organizations. Did the organization and section 501(c)(4), organizations. Did the organization as exclosed 501(c)(4), organization and section 501(c)(4), organization as exclosed to the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of anomuts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of anomuts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of anomuts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of anomuts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of anomuts in such funds or accounts for which donors have the right to provide advised on the distribution of accounts funds for accounts for the right to provide advised on the distribution of anomuts in such funds or accounts funds for accounts funds for the complete Schedule D, Part III and the organization report an amount in Part X, line 21, for ecrow or outsodial account flability serve as a custodian for amounts not itseld in Part X, in Pa	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect prolifical campaign activities on behalf of or in opposition to candidates for public office? If **Yes*, complete Schedule C, **Part I**  Section 60 (16)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If **Yes*, complete Schedule C, **Part II**  I set the organization a section 501(k)(4), 501(c)(6), 501(c)(6); 501					
public officer if "Firs", complete Schedule C, Part if section 91 (First) regardance. Did the organization engage in lobbying activities, or have a section 50 (First) election in effect during the tax year? if "Yes," complete Schedule C, Part if it is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such under or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such under or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such under or accounts? if "Yes," complete Schedule D, Part if it is the organization maintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part if it is defined to the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part if it is organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part if it is organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part if it is organization in part X, line 12 for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, line 14 for escription amounts in the part X, line 14 for escription in part X, line 15 for escription in part X, line 17 for escription in part X, line 17 for escription in part X, line 17 for escription in part X, line 18 for for escript	2		2	<u>X</u>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II steep organization as ection 501(c)(6), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or shift armounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II Did the organization realized and endeath of the very steep of the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization realized no folial conservation assessment, including assements to be preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical researces, or the environment, interport and amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, II the organization services? If If the organization is asset organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part V, II Did the organization report an amount for other assetutions. Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X V, line 18 II Did the organization report an amount for other assets in Part X, line 197 If "Yes," complete Schedule D,	3		3		X
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 99-197 // **ex** complete Schedule C, Part III**  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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in funding assessments be preserve open papes, the environment, historical darages or historical treasures, or other similar assets? If Yes,* complete Schedule D, Part III*  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, receit repair, or debt negotiations services?  If Yes,* complete Schedule D, Part IV*  Did the organization's answer to any of the following questions is "Yes,* then complete Schedule D, Part V*  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,* complete Schedule D, Part V*  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes,* complete Schedule D, Part VI*  Did the organization report an amount for following questions is "Yes,* then complete Schedule D, Part X III*  Did the organization report an amount for following assets in Part X, line 10? If "Yes,* complete Schedule D, Part VI*  Did the organization report an amount for orbital assets in Part X, line 10? If "Yes,* complete Schedule D, Part X III*  Did the organization separate or consolidated financial statements for the tax year inc	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	x	
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   5   X   The original provision of the organization receive or hold a conservation essement, including asserts including asserts or provision and provision	5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, as a spipicable.  20 Did the organization report an amount for indepting and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, as a spipicable.  21 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, as a spipicable.  21 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, as assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  22 Did the organization report an amount for investments - other seast in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  23 Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  24 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X VIII.  25 Did the organization separate in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII.  26 Did the organization separate in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII.  26 Did the organization as chool described in section 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	v	
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V   11 If the organization report an amount for lowing questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII   2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   3 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part VIII   3 Did the organization's Separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X   11 Did the organization is liability for uncertain tax positions under IRI Na (ASC 740)? If "Yes," complete Schedule D, Part X   11 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States? If "Yes," complete Schedule D, Part X   15 Did the organization have aggregate revenues or expenses of more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," co	7		7		x
Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  15 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's ilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  16 Did the organization bothan separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X in a Sched	_				
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," tem complete Schedule D, Part V is a spiplicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is a spiplicable.  2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V ii is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V iii is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X iii is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D,	8	Schedule D, Part III	8		X
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X  20a Ob	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		complete Schedule G, Part III		<b></b>	
b if "Yes" to line 20a, did the organization attach a copy of its addited financial statements to this return? [20b] Form 990 (2012)			-	<b></b>	- 22
	b	if "Yes" to line Zua, did the organization attach a copy of its addited infancial statements to this return?	_	990	(2012)

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Form 990 (2012) UNITED WAY OF THE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	the state of the s	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee: in 163, somplete constant 2, reactive and family member thereof) was an officer,	LOD		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		*	
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	X	
	Note. All Form 990 filers are required to complete Schedule O	38		(2012)
		rorm	330	(2012)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part v			·····		
	T	۱	30		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and r	<u></u>	ble gaming			
С	(gambling) winnings to prize winners?			1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Lu	filed for the calendar year ending with or within the year covered by this return	2a	106			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	2000000
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	)	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts	٥.		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	ruiooo i	arouided to the payor?	7-	Х	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			76		<del>                                     </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	ulled	7c		X
	to file Form 8282?	7d		70		
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		1	7e		Х
e	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit cont			7f		X
f g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	id the s	supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	i			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		40-	Burto, a la	1 (10)
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ĺ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		f
а	Is the organization licensed to issue qualified health plans in more than one state?			100		
1.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
_		13c		1		
с 14а	Enter the amount of reserves on hand	<u> </u>	1	14a		X
i-ta h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
ט	in 100, mad it mod an office 20 to report those payments			-	990	(2012)

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 to any question in this Part VI			X				
202	tion A. Governing Body and Management		<del></del>					
360	don A. Governing body and Management		Yes	No				
10	Enter the number of voting members of the governing body at the end of the tax year	i i						
ıa	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			i aya				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 35	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
_	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X					
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
1 <b>2</b> a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X	ļ				
13	Did the organization have a written whistleblower policy?	13	X	ļ				
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	1.1 389				
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ				
b	Other officers or key employees of the organization	15b	Λ					
	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			х				
	taxable entity during the year?	16a		<u>^</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401						
<u> </u>	exempt status with respect to such arrangements?	16b		L				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA	availah	مار					
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)	availaD	ii C					
	for public inspection. Indicate how you made these available. Check all that apply.    V   Other (explain in Schedule O)							
	X Own website Another's website X Upon request Other (explain in Schedule O)	nd fina-	ncial					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	iu iiiidi	icidi					
00	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:						
20	JOAN CATHERINE BRAUN - 415-808-4465	ation : , <b>p</b>	*******					
	550 KEARNY ST. #1000. SAN FRANCISCO, CA 94108							

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

Check if Schedule O contains a response to any question in this Part VII

# 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.

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

- 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.

(A)	(B)		(C) Position		(D)	<b>(E)</b> Reportable	(F) Estimated			
Name and Title	Average hours per		(do not check more than one box, unless person is both an		Reportable Reportable compensation compensation		amount of			
	week	offic	er an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			Highest compensated employee		(W-2/1099-MISC)	(00-2/1099-101130)	organization
	organizations	truste	al trus		yee	mper		(** = , , , , , , , , , , , , , , , , , ,		and related
	below	Individual trustee	nstitutional trustee	ıe	Key employee	lest co loyee	je je			organizations
	line)	ngi	Insti	Officer	Key	High	Former			
(1) BETH COBERT	1.00									0
IMMEDIATE PAST CHAIR		X				<u> </u>		0.	0.	0.
(2) JEFFREY WOHL	0.80									0
GENERAL COUNSEL/CHIEF ETHICS OFFICER		X		Х	ļ			0.	0.	0.
(3) GWENDOLYN WONG	0.80								0.	0.
TREASURER		X		X	<u> </u>	<u> </u>		0.	U •	<u> </u>
(4) CHARLES CUSTER	0.80			7.				0.	0.	0.
SECRETARY		X		Х	ļ	<u> </u>		0.	0.	<u> </u>
(5) SUSAN SUTHERLAND	5.00			,,				0.	0.	0.
CHAIR OF THE BOARD	1 00	X	_	X	-	<u> </u>	ļ	0.	U •	<u> </u>
(6) LORETTA WALKER	1.00	٠,,		٦,				0.	0.	0.
ASSISTANT SEC./CHAIR GOVERNANCE COMM	0 00	X		Х	<u> </u>		ļ	U •	0.	<u> </u>
(7) MARGARET BAKER	0.80	٠,						0.	0.	0.
CHAIR AUDIT COMMITTEE	1 00	X		ļ		├	-	0.	0.	<u> </u>
(8) SUSAN PORTUGAL	1.00	x						0.	0.	0.
CHAIR COMMUNITY INVESTMENT COMMITTEE	0.80	1		-		-	├	· ·		
(9) RONALD PEYTON	0.00	X						0.	0.	0.
CHAIR DEVELOPMENT COMMITTEE	0.10	<u> </u>	-	_		-	╁	ļ	<b>V</b> •	
(10) TIMOTHY PAULSON	0.10	X						0.	0.	0.
LABOR REPRESENTATIVE	0.80	<u> </u>			-	-		•		
(11) MICHELLE BANKS	0.80	X						0.	0.	0.
DIRECTOR AT LARGE (12) EDWARD BLAKEY	0.30	A	-		-	-	-			
DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(13) MIKE DILLON	0.20	1	<b> </b>		<u> </u>		$\vdash$			
DIRECTOR AT LARGE	0.20	x						0.	0.	0.
(14) MICHAEL DORSEY	0.50	1		<del> </del>		<del>                                     </del>	<del>                                     </del>			
DIRECTOR AT LARGE	- 0.30	$\mathbf{x}$						0.	0.	0.
(15) CASSIE DOYLE	0.80	<del> </del>	<del> </del>	$\vdash$	<del>                                     </del>	+	_			
DIRECTOR AT LARGE		x			1		1	0.	0.	0.
(16) PATRICK DUTERTE	0.20	+=	$t^-$		<del>                                     </del>	1	1			
DIRECTOR AT LARGE		$\mathbf{x}$						0.	0.	0.
(17) LANCE FOX	0.30	1-	<del>                                     </del>			T	$\top$			
DIRECTOR AT LARGE		$\mathbf{x}$						0.	0.	0.
	<u> </u>	-		<del></del>	- Landerson	and the same	Austra	A CONTRACTOR OF THE PROPERTY O		Form <b>990</b> (2012)

232007 12-10-12

Form 990 (2012)

Form 990 (2012) UNITED WA		_	-	_	-	_			94-131	2348	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ghe	st C	ompensated Employe	es (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable	Es	stimated
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensation	an	nount of
	week	offi	cer ar	nd a di	recto	or/trus	tee)	from	from related		other
	(list any	ector						the	organizations	1	pensation
	hours for	r din				ted		organization	(W-2/1099-MISC)	1	om the
	related	stee (	ruste			Suac		(W-2/1099-MISC)		"	anization
	organizations	al tru	nalt		loyee	comi					d related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizations
	line)	밀	ısı	E	Key	훈틍	Ē				
(18) TODD GALLOWAY	0.20									.	^
DIRECTOR AT LARGE		X				<u> </u>	<u> </u>	0.	U	•	0.
(19) TIMOTHY GERAGHTY	0.80						ĺ				
DIRECTOR AT LARGE		X						0.	0	•	0.
(20) ANTHONY EARLEY	0.80										
DIRECTOR AT LARGE		Х		İ				0.	0	۱.	0.
(21) SHELLEY KESSLER	1.00	-	<del>                                     </del>				<del>                                     </del>				~/···
DIRECTOR AT LARGE		x						0.	l o		0.
(22) JOE LAYMON	0.20		-	-		<del> </del>		<u> </u>			
,,	0.20	7.7						0.	_		0.
DIRECTOR AT LARGE	0.50	X	<u> </u>	-		ļ	_	U •		' •	<u> </u>
(23) NOAH LICHTENSTEIN	0.50								,	.	^
DIRECTOR AT LARGE		X					<u> </u>	0.	U	·	0.
(24) ARTHUR LOUIE	0.30								_		_
DIRECTOR AT LARGE		X						0.	0		0.
(25) ALFRED MOORE	0.50										
DIRECTOR AT LARGE		Х						0.	C	١. ١	0.
(26) NISH NADARAJA	0.50	$\overline{}$				<u> </u>	1				
DIRECTOR AT LARGE		x						0.	l d	١. ا	0.
	<u></u>		L		L	_	Ц	0.		1.	0.
1b Sub-total						_		1,616,118.	t .		4,589.
c Total from continuation sheets to Part V											$\frac{4,505}{4,589}$
d Total (add lines 1b and 1c)						_		1,616,118.		1. 50	4,505.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	OOV	e) wl	ho r	eceived more than \$100	0,000 of reportable		1.0
compensation from the organization						,,,			,		10
											Yes No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com										5	Х
	ipiete Scriedai	00	01 3	ucii	pers	3011					
Section B. Independent Contractors									0400 000 . (		· · · · · ·
1 Complete this table for your five highest co										ensation	rrom
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	<u>rithir</u>		year.		
(A)				_				(B)		()	
Name and business	address	N	ON	E				Description of s	services	Compe	nsation ————
							ļ				
							7				
							l				
											NELS SOME THE
2 Total number of independent contractors (		ot l	mite	ed to			stec	a above) who received n	nore than		
\$100,000 of compensation from the organi	zation	71		7 m-		0	<u> </u>	nna.	1177		000
SEE PART VII, SECTIO	N A CON	T.T.	NU	A'I'	rO]	IN i	SH.	EETS		Form	990 (2012)
232008 12-10-12						_					

		_				\.C.F	MAN CONTRACT		74-1J1	2010
Part VII Section A. Officers, Directors, Tr		mple	oyee			ligh	est			<b></b>
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any	or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	or di	e e			ated		(W-2/1099-MISC)		organization
	related	trustee (	truste		92	bens				and related
	organizations	lal fr	Institutional trustee		Key employee	COM				organizations
	below	Individual	tituti	Officer	y em	hest	Former			
	line)	<u> </u>	Su	æ	Ke	Ĭ	3			
(27) JAMES OLSON	0.30									
DIRECTOR AT LARGE		X						0.	0.	0.
(28) TERRY SCHWAKOPF	1.20								_	_
DIRECTOR AT LARGE		X						0.	0.	0.
(29) STEPHEN SEYMOUR	0.20									
DIRECTOR AT LARGE		X						0.	0.	0.
(30) REGINA STANBACK STROUD	0.20									
DIRECTOR AT LARGE		X						0.	0.	0.
(31) SHERRY TENNYSON	0.50	$I^{-}$	<u> </u>							
DIRECTOR AT LARGE		x						0.	0.	0.
(32) ROBERT THOMPSON	0.80	┢▔								
DIRECTOR AT LARGE		X						0.	0.	0.
(33) MICHAEL STEDMAN	0.20		-	$\vdash$	-	-	-			
DIRECTOR AT LARGE	0.20	x						0.	0.	0.
(34) WILL WITHINGTON	0.80	122	├	$\vdash$			<u> </u>		•	
	0.00	X						0.	0.	0.
DIRECTOR AT LARGE	0.80	_		_			<u> </u>	· ·	V • 9	· · ·
(35) ARVAND SINHHU	0.80	X						0.	0.	0.
DIRECTOR AT LARGE	0.10	<u> </u>	<u> </u>					0.	0.	0.
(36) WILLIAM CROTEAU	0.10	٠,,							0.	0.
DIRECTOR AT LARGE (THROUGH 7/2012)	<u> </u>	X	_		_			0.	V •	V •
(37) ANNE WILSON	55.00							005 000	•	206 200
CEO		ļ	<u> </u>	X			<u> </u>	286,293.	0.	326,329.
(38) ERIC MCDONNELL	55.00							000 470	_	00 600
C00				X				238,479.	0.	88,699.
(39) JOAN BRAUN	55.00								_	
CFAO				X				161,477.	0.	29,543.
(40) STUART CANNING	55.00									
CHIEF DEVELOPMENT OFFICER		1			X			197,505.	0.	18,343.
(41) LORNE NEEDLE	55.00									
CHIEF COMMUNITY INVESTMENT OFFICER		1	l		Х		İ	171,861.	0.	29,144.
(42) SONALI JOSHI	37.50									
SR. VP, STRATEGY & OPERATIONS		1				Х		128,224.	0.	8,190.
(43) TSE MING TAM	37.50		T							
VP, COMMUNITY INVESTMENT		1			}	Х		109,204.	0.	24,675.
(44) JOHN SCHAVER	37.50	$\vdash$					<del> </del>	,		• • • • • • • • • • • • • • • • • • • •
VP INFORMATION TECHNOLOGY		1				х		110,087.	0.	29,408.
(45) LIDIYA KUKOVIC	37.50	$\vdash$	$\vdash$	<del>                                     </del>	<del> </del>		<del>                                     </del>			
	37.30	1				X	1	108,100.	0.	20,443.
VP, CONTROLLER  (46) DEBRA REISENTHAL	37.50	$\vdash$	$\vdash$	-	-	123	-	100,100	3.	20,440
	37.30	1				Х		104,888.	0.	9,815.
VP, DEVELOPMENT	<u> </u>		L	<u> </u>		Λ	L	104,000.	V •	2,010.
								1,616,118.		584,589.
Total to Part VII, Section A, line 1c								T T'OTO'TTO*		JU#, JUJ.

94-1312348 Page 9 UNITED WAY OF THE BAY AREA Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (**D)** Revenue excluded Unrelated Related or Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 928,800 c Fundraising events ..... 1d d Related organizations 855,141 e Government grants (contributions) f All other contributions, gifts, grants, and 36,585,531 similar amounts not included above 560,429 g Noncash contributions included in lines 1a-1f: \$ 38,369,472 h Total. Add lines 1a-1f Business Code 2 a PLEDGE PROCESSING FEES 391,818 900099 391,818 Program Service Revenue 9,600. OFFICE SPACE RENTAL 900099 9,600 All other program service revenue ...... 401,418. Total. Add lines 2a-2f Investment income (including dividends, interest, and 330,032 330,032 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . (ii) Other 7 a Gross amount from sales of (i) Securities 2,629,267 assets other than inventory b Less: cost or other basis 2,267,448. 16,866 and sales expenses ...... 361,819. -16.866 c Gain or (loss) 344 953. 344,953 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_ 928,800. of contributions reported on line 1c). See 40,000 Part IV, line 18 231,016 b Less: direct expenses -191,016 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue .....

232009 12-10-12 483,969.

39,254,859.

401,418.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2012) UNITED WAY OF
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	se to any question in th	is Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and		05 006 504		
	organizations in the United States. See Part IV, line 21	25,886,504.	25,886,504.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	1,226,334.	438,313.	543,742.	244,279
	trustees, and key employees Compensation not included above, to disqualified	1,220,0010	200/0201		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	5,247,782.	2,920,188.	1,271,043.	1,056,551
	Pension plan accruals and contributions (include		, , , , , , , , , , , , , , , , , , , ,		
U	section 401(k) and 403(b) employer contributions)	602,027.	310,087.	169,847.	122,093
9	Other employee benefits	1,115,476.	567,381.	321,499.	226,596
	Payroll taxes	451,073.	226,354.	134,425.	90,294
11	Fees for services (non-employees):				
	Management				
	Legal	4,302.		4,302.	
	Accounting	148,855.		148,855.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	42,621.		42,621.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,502,604.	980,981.	259,536.	262,087
12	Advertising and promotion	360,314.	264,286.	24,116.	71,912
13	Office expenses	540,757.	282,399.	148,388.	109,970
14	Information technology				
15	Royalties	4 075 020	400 114	214 062	227 062
16	Occupancy	1,075,939.	423,114.	314,962.	337,863 31,304
17	Travel	150,119.	90,291.	28,524.	31,304
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	106 050	106 050		
19	Conferences, conventions, and meetings	106,050.	106,050.		
20	Interest	284,227.	117,954.	79,583.	86,690
21	Payments to affiliates	177,390.	91,907.	40,915.	44,568
22	Depreciation, depletion, and amortization	111,390.	91,907.	40,713.	44,300
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 0.) UNCOLLECTIBLE PLEDGES	134,520.		134,520.	
a	MOVING COSTS	58,762.	25,349.	15,994.	17,419
b	TIOVIIIO CODID	30,702.	20,020		,
ç					
d	All other expenses	8,445.	3,032.	3,954.	1,459
e 25	All other expenses	39,124,101.		3,686,826.	2,703,085
25 26	Joint costs. Complete this line only if the organization		. , ,		
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	1	1		

Form 990 (2012)

Part X | Balance Sheet

Parl	t X	Balance Sheet					
		Check if Schedule O contains a response to any	/ questi	on in this Part X			<u></u>
					(A) Beginning of year		<b>(B)</b> End of year
T	1	Cash - non-interest-bearing			1,396,743.	1	2,229,605.
l	2	Savings and temporary cash investments		1	371,455.	2	623,533.
-		Pledges and grants receivable, net		f i	9,011,340.	3	9,638,793
	4	Accounts receivable, net		4			
- 1	5	Loans and other receivables from current and for					
	•	trustees, key employees, and highest compensa					
		Part II of Schedule L	in the second second in the se	5			
	6	Loans and other receivables from other disquali					
	Ū	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	of Marine Control of the Control				
		employees' beneficiary organizations (see instr).		6			
2	7	Notes and loans receivable, net		7			
ASSELS	8	Inventories for sale or use				8	
۱ ۲	9	Prepaid expenses and deferred charges	188,354.	9	530,088		
1		Land, buildings, and equipment: cost or other	T I				
1	100	hasis Complete Part VI of Schedule D	10a	1,919,725.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	811,051.	241,863.	10c	1,108,674
	11	Investments - publicly traded securities	11,354,430.	11	1,108,674 11,075,805		
١	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
ļ	15	Other assets. See Part IV, line 11			124,710.	15	127,021
	16	Total assets. Add lines 1 through 15 (must equ			22,688,895.	16	25,333,519
$\dashv$	17	Accounts payable and accrued expenses			9,122,827.	17	7,533,004
	18	Grants payable	3,060,563.	18	3,121,545		
- 1	19	Deferred revenue		i	76,914.	19	398,927
	20	Tax-exempt bond liabilities		1		20	
ای	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme					
		key employees, highest compensated employe	es, and	disqualified persons.			
ן בֿ		Complete Part II of Schedule L				22	
l	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
١	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X of			
		Schedule D				25	11 050 150
	26	Total liabilities. Add lines 17 through 25			12,260,304.	26	11,053,476
		Organizations that follow SFAS 117 (ASC 95)	8), chec	k here ▶ X and			
Se		complete lines 27 through 29, and lines 33 a			- 040 450		0 000 444
١	27	Unrestricted net assets			5,249,473.	<del> </del>	8,298,444
Sale	28	Temporarily restricted net assets	1,290,143.	28	2,091,624		
<u> </u>	29				3,888,975.	29	3,889,975
T.		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.			risaminasilisa lahili li		
ers	30	Capital stock or trust principal, or current funds			30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e				31	
er '	32	Retained earnings, endowment, accumulated in			10 420 501	32	1/ 200 0/2
2	33	Total net assets or fund balances			10,428,591.		14,280,043 25,333,519
	34	Total liabilities and net assets/fund balances			22,688,895.	34	23,333,319

Form **990** (2012)

Parl	t XI Reconciliation of Net Assets							
ган					X			
	Check if Schedule O contains a response to any question in this Part XI			<del></del>				
2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	1 2 3	39,25 39,12	4,1				
	Revenue less expenses. Subtract line 2 from line 1	4	10,42					
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			62.			
	Net unrealized gains (losses) on investments		4.1	. 0 , 0	02.			
	Donated services and use of facilities	6						
7	Investment expenses	7						
	Prior period adjustments	8	3,31	0 6	22			
	Other changes in net assets or fund balances (explain in Schedule O)	9	3,31	. 0 , 0	34.			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,28	0,0	43.			
Parl	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
2a	Troto tro organization o interior control of the co	,	2a	Yes	No X			
b	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?							
С	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:  X Separate basis Consolidated basis Both consolidated and separate basis  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 Si Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ngle Audit	3a	X				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	oa aaan	3b	X				
	or addits, explain why in confedule o and describe any steps taken to diluting satur addits				(2012)			

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			WAY OF THE B						94	1-1312	<u> </u>	culture and the contract of th
Part I	Reason	for Public Cha	<b>rity Status</b> (All organiz	ations mu	st comple	te this par	t.) See inst	ructions.				
he organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1			es, or association of chur					١.				
2			<b>70(b)(1)(A)(ii).</b> (Attach Sc									
з 🔲			ital service organization		in <b>sectior</b>	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter tl	ne hospita	al's nan	ne,
	city, and stat											
5			benefit of a college or ur	niversity ov	wned or o	perated by	a governi	mental uni	t describe	ed in		
-		( <b>b)(1)(A)(iv).</b> (Compl		·		•	-					
6			nent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 X			ceives a substantial part					or from the	general p	oublic des	cribed	in
•	=	(b)(1)(A)(vi). (Comple		• •								
8			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			ceives: (1) more than 33			rom contr	ibutions. m	nembershi	p fees, ar	nd aross re	eceipts	from
•			nctions - subject to certa									
			taxable income (less sect									
		<b>509(a)(2).</b> (Complet			, 5 50			, 30				
10			perated exclusively to te	st for publ	ic safetv.	See <b>sec</b> tio	on 509(a)(4	4).				
11			perated exclusively for the						v out the	purposes	of one	or
			ations described in section									
			organization and comple				-,	,				
	a Type	f		ype III - Fu			1 0	Typ	e III - Non	-functiona	ally inte	grated
е 🔲			at the organization is not		-	_						-
			than one or more publicly									
f			tten determination from t						(-)( )		( /( /	
•			his box									
g	, ,	•	organization accepted ar									•
9			directly controls, either al								Yes	No
			supported organization?							1		
	J	0 ,	on described in (i) above?									
			a person described in (i) o									
h	• •		a bout the supported or							[1.3(	71	1
h	Flovide tile i	ollowing information	about the supported of	garnzanon	(3).							
(1) Ni		(II) EIN	(III) Type of expeniention	(iv) Is the c	rganization	(v) Did vo	u notify the	(vi) Is	the	(vii) Amour	nt of mo	natary
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis			tion in col.	Lorganizatio	on in col. L		in of filo ipport	нетагу
orga	amzanom		above or IRC section	governing			r support?	U.S	(i) organized in the U.S.?		pport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1.00								
					<del> </del>		<del>                                     </del>	<b></b>				
				<del> </del>	<b> </b>		<del> </del>	<b> </b>				
					<del> </del>		<del> </del>	<del> </del>	<del>  </del>		***************************************	***************************************
				1				<del> </del>	<del>                                     </del>			
							PANEL STREET					
Total			t ling patients place difficultivite dels d	1	1	I a laboration of	All the desired	1	1			

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

Schedule A (Form 990 or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 UNITED WAY OF THE BAY AREA 94-13123 | 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	35658988.	33822506.	31958389 <b>.</b>	32748141.	38369472.	172557496
2	Tax revenues levied for the organ-						
	ization'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	35658988.	33822506.	31958389.	32748141.	38369472.	172557496
	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)						7865669.
6	Public support. Subtract line 5 from line 4.						164691827
-	ction B. Total Support			I			<u> </u>
-	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 4	35658988.	33822506.	31958389.	32748141.	38369472.	172557496
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	452,718.	262,795.	484,408.	454,635.	330,032.	1984588.
۵	Net income from unrelated business						
9	activities, whether or not the						
						-	
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	•	25,236.	649,558.				674,794.
44	assets (Explain in Part IV.)  Total support. Add lines 7 through 10	23,2300	019/3301			Service of the servic	175216878
	* -	eta (agginatruati	(nns)	l	<u> </u>		,440,251.
	Gross receipts from related activities, First five years. If the Form 990 is for			ed fourth or fifth t	ay year on a soctio		, 210, 2011
13	organization, check this box and stor	=					
Sec	ction C. Computation of Publ	ic Support Pe					
	Public support percentage for 2012 (		<del></del>	column (fl)		14	93.99 %
	Public support percentage for 2012 (		· · · · · · · · · · · · · · · · · · ·			15	94.36 %
	33 1/3% support test - 2012. If the c						
108		-					(
	stop here. The organization qualifies						
D	33 1/3% support test - 2011. If the c						
	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						. —
	meets the "facts-and-circumstances"	•	•		=		
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ12012

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

(Complete only if you checked the box on line 9 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) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, 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 bus-						
iness under section 513						ALEXANDER - 111-1111-1111-1111-1111-1111-1111-1
4 Tax revenues levied for the organ-						
ization'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>b</b> Amounts included on lines 2 and 3 received	i L					
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ı					
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		_		- <del></del>	<del></del>	r
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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>b</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						
or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			L	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for						zation,
check this box and stop here						
Section C. Computation of Publ			. (6)		15	0/
15 Public support percentage for 2012 (					16	<u>%</u> %
16 Public support percentage from 2011					] 10 ]	70
Section D. Computation of Inve					17	%
17 Investment income percentage for 20						
18 Investment income percentage from	2011 Schedule A,	, raπ III, IIne I/	on line 14 and 11-	a 15 is more than		
19a 33 1/3% support tests - 2012. If the	organization did	not check the box	lifies as a publicle	e io is illote trian	zation	17 13 HOL
more than 33 1/3%, check this box a	na stop here. Ih	e organization qua	illies as a publicly	supported organi al Ale and line 16 is	ore than 22 1/20/	and
b 33 1/3% support tests - 2011. If the	organization did	not check a box o	anization avalities	a, and interiors if	norted organization	LING LING
line 18 is not more than 33 1/3%, che	CK this box and s	stop nere. The org	anization qualifies	this have and see in	oorteu organization Setructions	
20 Private foundation. If the organization	on ala not check a	1 DOX ON IINĖ 14, 19	a, or 190, check t	uns dux and see if	เอเเนษแบบอ	

232023 12-04-12

# Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	UNITED WAY OF THE BAY AREA	94-1312348
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
General Rule  For an organiza	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special action filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in simplete Parts I and II.	
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of t on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	regulations under sections he greater of <b>(1)</b> \$5,000 or <b>(2)</b> 2%
total contributi	i01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III.	ntributor, during the year, educational purposes, or
contributions f If this box is cl purpose. Do n	601(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coor use exclusively for religious, charitable, etc., purposes, but these contributions did no necked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions of \$5,000 or more during the year	t total to more than \$1,000. sively religious, charitable, etc., se it received nonexclusively
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on February the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	ule B (Form 990, 990-EZ, or 990-PF), Part I, line 2 of its Form 990-PF, to

Name of organization

Employer identification number

# UNITED WAY OF THE BAY AREA

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>1,698,989</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,765,701.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	realite, additess, and zii 1 4	\$ 2,184,878.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, audress, and zir + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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 a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
····		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	200 57 200 DEV (2010)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization 94-1312348 UNITED WAY OF THE BAY AREA Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (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**

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

OMB No. 1545-0047

Open to Public Inspection

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service See separate instructions.

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.	•		
	ne of organization	iono. Compioso Care III		Empl	oyer identification number
	UNITED	WAY OF THE BAY A	REA		94-1312348
Pa	art I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b> \$	
Pa	art I-B Complete if the org	anization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes No
	Was a correction made?				N/     N1
	If "Ves " describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt und	der section 501(c)		
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities > \$	·
	Enter the amount of the filing organ				
	exempt function activities			<b>&gt;</b> \$	<b>A</b>
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POI	-,	
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes I No
5	Enter the names, addresses and er	nployer identification number (E	IN) of all section 527 p	olitical organizations to which	ch the filing organization
	made payments. For each organiza	tion listed, enter the amount pa	id from the filing organ	ization's funds. Also enter the	ne amount of political
	contributions received that were pr	omptly and directly delivered to	a separate political or	ganization, such as a separa + iv	ate segregated fund or a
	political action committee (PAC). If				T ( ) A (
	<b>(a)</b> 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
		4.7			

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedi	ule C (Form 990 or 990-EZ) 2012	UNITED WAY	OF THE BAY	AREA	94-1	312348 Page 2
Part		anization is exe	empt under sectio	n 501(c)(3) and fil	ed Form 5768	
	(election under sec					
A Che	ck 🕨 🔛 if the filing organiza	tion belongs to an a	filiated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
		re of excess lobbying				
3 Che			and "limited control" pro	visions apply.		
		ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a T	otal lobbying expenditures to influ	uence public opinion	(grass roots lobbying)		6,172.	0.
	otal lobbying expenditures to infli				42,189.	0.
					48,361.	0.
C Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures			39,075,740.			
e Total exempt purpose expenditures (add lines 1c and 1d)			39,124,101.	0.		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			1,000,000.	0.		
	f the amount on line 1e, column (a) o		bbying nontaxable am	t t		
-	Not over \$500,000		of the amount on line 1e		Missionio	
-	Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
C	Over \$1,000,000 but not over \$1,5	500,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000	0,000.			
L						
g (	Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	0.
h S	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
	Subtract line 1f from line 1c. If zero				0.	
j li	f there is an amount other than ze	ero on either line 1h o	or line 1i, did the organiz	ation file Form 4720	_	
r	eporting section 4911 tax for this	year?			L	Yes No
			veraging Period Under			
			section 501(h) election			
	CC		the instructions for line		age 4.)	
		Lobbying Exp	enditures During 4-Ye	ar Averaging Period	I	I
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) Total
2a L	_obbying nontaxable amount	1,000,000	. 1,000,000.	1,000,000.	1,000,000.	4,000,000.
	obbying ceiling amount					6 000 000.
,	1 5 0 0 / a f line On a a luman(a)	Para de la companya del companya de la companya de la companya del companya de la				i n. uuu. uuu.

(150% of line 2a, column(e)) 34,458. 48,361. 164,277. 101,675. 348,771. c Total lobbying expenditures 250,000. 250,000. 250,000. 1,000,000. 250,000. d Grassroots nontaxable amount e Grassroots ceiling amount 1,500,000. (150% of line 2d, column (e)) 1,759. 14,500. 6,172. 59,902. 37,471. f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 UNITED WAY OF THE BAY AREA 94-131234

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

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a) I	<del>                                     </del>	o)
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а				1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c			<b></b>		
C	Mailings to members, legislators, or the public?		<u> </u>		
е	, ,				
f	• • • • • • • • • • • • • • • • • • • •				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
,	Total. Add lines 1c through 1i				
200	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	)(5), or s	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> </u>
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 expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section		3		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members		<del></del>	1	
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		200		
2	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year				
	: Total		۱ ۵-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	· · · · · · · · · · · · · · · · · · ·				
	rt IV Supplemental Information				
	TIV Supplemental Information  Supplemental Information  Supplemental Information  Plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	art II-A (affil	iated group	p list); Part I	I-A, line 2;
Con		art II-A (affil	iated grou	p list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated group	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated grou	o list); Part I	I-A, line 2;
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated group	o list); Part I	I-A, line 2;

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2012
Open to Public Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number 94-1312348

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	56	0
2	Aggregate contributions to (during year)	2,462,285.	0.
3	Aggregate grants from (during year)	2,426,839.	0.
4	Aggregate value at end of year	784,166.	0.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		conferring
	impermissible private benefit?		137
Pai			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o		tner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>L</b> 4
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1		<b>•</b> •
а	Revenues included in 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. 232051 12-10-12

Schedule D (Form 990) 2012

		MAY OF THE			O.U		~~~	14740		<u> </u>
Pa	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sig	gnificant ι	use of its	collection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange prograr	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	n's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o									
Ŭ	to be sold to raise funds rather than to be ma							Yes		lo
Pa	rt IV Escrow and Custodial Arran							***************************************		
	reported an amount on Form 990, Par	•	no il tilo organizatio	ii anomoroa						
10	Is the organization an agent, trustee, custod		liany for contribution	e or other ass	ets not in	ncluded				
Id								Yes	X	Jo.
	on Form 990, Part X?							1 162	١٠	••
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					A		
								Amount		
	Beginning balance					1				
d	Additions during the year					1 1				
	Distributions during the year									
	Ending balance							<del></del>	777	
	Did the organization include an amount on Fe							Yes	X	10
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to For	<del>,</del>				,		
		(a) Current year	(b) Prior year	(c) Two years		<b>d)</b> Three y		<u> </u>		
1a	Beginning of year balance	4,345,472.	4,687,566.	4,049		3,7	63,716.	4,	406,30	0.
b	Contributions	1,000.			,344.					
С	Net investment earnings, gains, and losses	164,963.	115,298.	154	,089.		27,875.	-	142,18	9.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	-283,266.	457,392.	-470	,743.	- 2	57,799.		500,39	5.
f	Administrative expenses									
g	End of year balance	4,794,701.	4,345,472.	4,687	,566.	4,0	49,390.	3,	763,71	6.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	)) held as:						
а	Board designated or quasi-endowment	.00	%							
b	Permanent endowment > 81.13	%								
	Temporarily restricted endowment ▶ 1									
•	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation that are held a	nd administer	ed for the	e organiz	ation			
	by:					9		F.	es N	_
	(i) unrelated organizations							3a(i)	Σ	
	(ii) related organizations								X	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule P2					3b		
4	Describe in Part XIII the intended uses of the							<u> </u>		
Pai	t VI Land, Buildings, and Equipm									
. u	Description of property	(a) Cost or of	·	or other	(a) Acc	cumulate	4 T	(d) Book	value	
	Description of property	basis (investr	1 '			reciation	<b>ا</b>	(u) book	value	
<b></b>	l and		10110 00315 (	outory	aepi	Colution				
	Land					(a. 1994)				
	Buildings		3.0	6,095.		22,90	0	272	,195	
	Leasehold improvements			0,744.		$\frac{22,90}{65,81}$			, 195	
	Equipment	i i								
_	Other	<del></del>		2,886.	4.	22,33			,554	
Total	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	O(c).)				1,108	,0/4	

Schedule D (Form 990) 2012

	Investments - Other Securities. See		12.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation:	: Cost or end-of-year market value
(1) Financ	ial derivatives			
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VII	I Investments - Program Related. Se	ee Form 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		MAN 124 M M M M M M M M M M M M M M M M M M M		
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX		15.		
		Description		(b) Book value
(1)				
(2)				
(3)			A CONTRACTOR OF THE CONTRACTOR	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities. See Form 990, Part X, I			
1.	(a) Description of liability		(b) Book value	
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
COMPANY TO STREET THE PARTY OF				
(11)	lumn (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶		

Sche	dule D (Form 990) 2012 UNITED WAY OF THE BAY AREA				1312348 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per R	eturr	1
1				1	21,725,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	410,062.		
b	Donated services and use of facilities	2b	448,380.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,310,632.		
е	Add lines 2a through 2d			2e	4,169,074.
3	Subtract line <b>2e</b> from line <b>1</b>			3	17,556,250.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	21,655,988.		
С	Add lines 4a and 4b			4c	21,698,609.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	39,254,859.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per	Retu	ırn
1	Total expenses and losses per audited financial statements			1	17,873,872.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	448,380.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	231,016.		
е	Add lines 2a through 2d			2e	679,396.
3	Subtract line 2e from line 1			3	17,194,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,621.		
b	Other (Describe in Part XIII.)	4b	21,887,004.		
С	Add lines 4a and 4b			4c	21,929,625.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	39,124,101.
Pa	t XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II. lines 3, 5, and 9; Part III.	lines 1	a and 4; Part IV, lines 1	b 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 TAXES 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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 UNITED WAY OF THE BAY AREA  Part XIII Supplemental Information (continued)	94-1312348 Page 5
HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. UWBA HAS NO	O UNRECOGNIZED
TAX BENEFITS OR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2013	
EXCEPTIONS, UWBA IS NO LONGER SUBJECT TO UNITED STATES FEDER	
STATE/LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR 1	
BEFORE 2008.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN PENSION LIABILITY IN EXCESS OF INTANGIBLE PENSION	
ASSETS	3,310,632.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED PLEDGES	21,894,270.
RENTAL INCOME RECLASSIFIED FROM EXPENSES TO REVENUE	9,600.
FUNDRAISING EXPENSES RECLASSIFIED FROM EXPENSES TO REVENUE	-231,016.
LOSS ON DISPOSAL OF FIXED ASSETS	-16,866.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	21,655,988.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES RECLASSIFIED FROM EXPENSES TO REVENUE	231,016.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED PLEDGES	21,894,270.
RENTAL INCOME RECLASSIFIED FROM EXPENSES TO REVENUE	9,600.
LOSS ON DISPOSAL OF FIXED ASSETS	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	21,887,004.

### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Inspection

OMB No. 1545-0047

Open To Public

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Employer identification number Name of the organization 94-1312348 UNITED WAY OF THE BAY AREA Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or control of contributions or entity (fundraiser) organization listed in col. (i) Yes No 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.

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

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

Schedule G (Form 990 or 990-EZ) 2012 UNITED WAY OF THE BAY AREA 94-1312348 Page 2 Fundraising Events. Complete if the organization answered "Yes" to 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through  ${ t GALA}$ col. (c)) (event type) (event type) (total number) Revenue 968,800. 968,800. Gross receipts 928,800. 928,800 2 Less: Contributions 40,000. 40,000. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 73,494. 73,494. Food and beverages 2,500. 2,500. 8 Entertainment 155,022. 155,022. Other direct expenses ..... 231,016, 10 Direct expense summary. Add lines 4 through 9 in column (d) 191,016. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2012

**b** If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	nedule G (Form 990 or 990-EZ) 2012 UNITED WAY OF THE BAY AREA 94-	-1312348	Page 3
11		Yes	L 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 operated in:		
	a The organization's facility	13a	%
	o An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name	***************************************	
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	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	L No
1	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 > \$		
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v), and	l Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ion (see instru	ctions).

SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

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

2012
OMB No. 1545-0047
Open to Public Inspection

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

▶ Attach to Form 990.

225. Schedule I (Form 990) (2012) ê | Employer identification number 94-1312348 TO  $^{10}$  $^{\mathrm{T}}$ J. P P TO (h) Purpose of grant ESIGNATED BY DONOR ESIGNATED BY DONOR ESIGNATED BY DONOR ESIGNATED BY DONOR ESIGNATED BY DONOR DESIGNATED BY DONOR GENCY FOR GENERAL GENCY FOR GENERAL GENCY FOR GENERAL GENCY FOR GENERAL AGENCY FOR GENERAL GENCY FOR GENERAL or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OPERATIONS PERATIONS DPERATIONS PERATIONS PERATIONS PERATIONS 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 Ö Ö o, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 000'9 5,663 8,100 7,000 12,500 10,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 UNITED WAY OF THE BAY AREA 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 941700304 942699528 General Information on Grants and Assistance 941429538 942356968 943094513 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SAN FRANCISCO ZOOLOGICAL SOCIETY - OAKLAND, CA 94607 1020 SERPENTINE LANE, SUITE 100  $\leftarrow$ I 1007 GENERAL KENNEDY AVE STE FOUNDATION - 1000 OAK STREET OAKLAND MUSEUM OF CALIFORNIA 1000 UPPER HAPPY VALLEY ROAD FRIENDS OF THE URBAN FOREST or government SAN FRANCISCO, CA 94129 CA 94132 MOUNT TAMALPAIS SCHOOL MILL VALLEY, CA 94941 BENTLEY SCHOOL-UPPER CA 94566 LAFAYETTE, CA 94549 Name of the organization WELLSPRING CHURCH 100 HARVARD AVE SAN FRANCISCO, DEVELOPMENT PLEASANTON, 1 ZOO ROAD Part Part II 0

232101 12-18-12

(a) Name and address of (b) EIN (c) IRC (c) IRC (d)	(b) EIN		(d) Amount of	(e) Amount of	section (d) Amount of (e) Amount of (f) Method of (section case)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
organization or government				assistance	(book, FMV, appraisal, other)		
SWORDS TO PLOWSHARES							DESIGNATED BY DONOR TO
1060 HOWARD STREET SAN FRANCISCO, CA 94103	942260626	501(C)(3)	9,665.	0			AGENCY FOR GENERAL OPERATIONS
ALZHEIMERS ASSOCIATION NORTHERN							
CALIFORNIA AND NORTHERN NEVADA -							
[A]	000000000000000000000000000000000000000	E01(0)(3)	о С	C			AGENCY FOR GENERAL
VIEW, CA 94043	94289/949	20T(C)(3)		2			OF EVENT LONG
OMEGA BOYS CLUB							DESIGNATED BY DONOR TO
1060 TENNESSEE STEET							AGENCY FOR GENERAL
SAN FRANCISCO, CA 94107	943171846	501(C)(3)	7,021.	0.			OPERATIONS
ראס דיאוגפס אוגם סר סטורטע ופגוותוגפ							DESTGNATED BY DONOR TO
1065 STITUTES STREET							AGENCY FOR GENERAL
SAN FRANCISCO, CA 94109	943141608	501(C)(3)	.005,8	0			
MAI	(	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	c c	c			AGENCY FOR GENERAL
NORMAL, IL 61790	376025713	501(C)(3)	9,000.	0			OFERATIONS
DE 1.a SALI.E HIGH SCHOOL							DESIGNATED BY DONOR TO
CONCORD, CA 94518	680311262	501(C)(3)	6,734.	0			
1							
COMMON CAUSE EDUCATION FUND							DESIGNATED BY DONOR TO
1133 19TH STREET NW, 9TH FLOOR							AGENCY FOR GENERAL
WASHINGTON, DC 20036	311705370	501(C)(3)	10,100.	0.			OPERATIONS
CARONDELET HIGH SCHOOL							DESIGNATED BY DONOR TO
1133 WINTON DRIVE							AGENCY FOR GENERAL
CONCORD, CA 94518	943333365	501(C)(3)	6,340.	0			OPERATIONS
LARKIN STREET YOUTH SERVICES							DESIGNATED BY DONOR TO
1138 SUTTER STREET							AGENCY FOR GENERAL
SAN FRANCISCO, CA 94109	942917999	501(C)(3)	34,429.	0.			OPERATIONS
							Schedule I (Form 990)

Page 1

				The second personal property of the second personal perso			
(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
FRIENDS OF SAN FRANCISCO ANIMAL CARE AND CONTROL - 1200 15TH STREET - SAN FRANCISCO, CA 94103	943371620	501(C)(3)	9,284.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL
JEWISH COMMUNITY FEDERATION SF/PENINSULA/MARIN/SONOMA COUNTIES - 121 STEUART STREET, 7TH FLOOR - SAN FRANCISCO CA 94105	941156533	501(C)(3)	12,040.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
#53(	943059243	501(C)(3)	. 25,000.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SCHOOL OF THE MADELEINE 1225 MILVIA STREET BERKELEY, CA 94709	942955397	501(C)(3)	15,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
15 0 0	941571017	501(C)(3)	7,223.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD UNIVERSITY OFFICE OF THE RECORDING SECRETARY - 124 MT AUBURN STREET - CAMBRIDGE, MA 02138	530199180	501(C)(3)	23,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC SOCIAL SERVICE OF SOLANO COUNTY - 125 CORPORATE PLACE, STE A - VALLEJO, CA 94590	942576612	501(C)(3)	7,492.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WORLD WILDLIFE FUND 1250 24TH STREET, NW WASHINGTON, DC 20037	521693387	501(C)(3)	5,020.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE FATHERS HOUSE 126 PEABODY RD VACAVILLE, CA 95687	680408159	501(C)(3)	6,431.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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# UNITED WAY OF THE BAY AREA

Schedule I (Form 990)

(h) Purpose of grant or assistance ESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR ESIGNATED BY DONOR ESIGNATED BY DONOR ESIGNATED BY DONOR AGENCY FOR GENERAL GENERAL GENCY FOR GENERAL GENCY FOR GENERAL GENCY FOR GENERAL AGENCY FOR GENERAL AGENCY FOR GENERAL GENCY FOR GENERAL AGENCY FOR PERATIONS PERATIONS PERATIONS DERATIONS PERATIONS PERATIONS PERATIONS PERATIONS (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 Ö ō ö Ö ٥. 。 (e) Amount of non-cash assistance 8 373 26,886, 8,435 (d) Amount of cash grant 6,970. 16,000. 12,780 23,758 11,100 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 942476576 942162549 911913711 943362724 680159458 205010766 941156846 942581415 (p) EIN LIFEWAYS - 1333 BUSH STREET - SAN STE 1404 FRANKLIN STREET, SUITE 500 400 - SAN FRANCISCO, CA 94105 SUITE 200 - CONCORD, CA 94520 ON LOK SENIOR HEALTH SERVICES VIOLENCE - 1410 DANZIG PLAZA, SF - 131 STEUART ST, STAND! FOR FAMILIES FREE OF (a) Name and address of organization or government 135 MAIN STREET, SUITE 1700 LAWYERS COMMITTEE FOR CIVIL ETERNITY MINDED MINISTRIES CATHEDRAL SCHOOL FOR BOYS SAN FRANCISCO, CA 94105 SAN FRANCISCO, CA 94108 KIPP BAY AREA SCHOOLS PASO ROBLES, CA 93446 MILL VALLEY, CA 94941 138 SUNNYSIDE AVENUE CA 94109 1275 SACRAMENTO ST OAKLAND, CA 94612 1341 PARK STREET KIPP FOUNDATION TRIPS FOR KIDS FRANCISCO, RIGHTS-

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1422 EUCLID AVENUE, SUITE 1300

CLEVELAND, OH 44115

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Cother Assistance to Governments and Organizations (d) Amc	UNITED WAY OF THE	BAY AREA				6	94-1312348 Page 1
NUE  NUE  440577787  SOL(C)(3)  CANCER  SCO AFFLLIATE  ITTE 755 - SAN  943047626  501(C)(3)  SRANCISCO  94152034  501(C)(3)  SOURCER  SOUR	lation of Grants and Other Assistance to Go	rernments and Orgar	izations in the Ur	ited States (Sche	dule I (Form 990), Pa	и II.)	
NUE  440577787 501(C)(3)  NI  102  942208487 501(C)(3)  CANCER  SCO AFFILIATE  ITTE 755 - SAN  943047626 501(C)(3)  SSO AFFILIATE  1TTE 755 - SAN  943292281 501(C)(3)  SSO AFFILIATE  1TTE 755 - SAN  943292281 501(C)(3)  NSAN  NSAN  NSAN  NSAN  NO HOLLOWAY  NN FRANCISCO  941384645 501(C)(3)		(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
ION  NUE  4102  941513140  501(C)(3)  T CANCER  CISCO AFFILIATE  SUITE 755 - SAN  943047626  501(C)(3)  655  943292281  501(C)(3)  4103  941622034  501(C)(3)  10N SAN  600 HOLLOWAY  SAN FRANCISCO,  941384645  501(C)(3)	NUE	501(C)(3)	5,020.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ANTHONY FOUNDATION  GOLDEN GATE AVENUE  PRANCISCO, CA 94102  AN G KOMEN BREAST CANCER  NUDATION SAN FRANCISCO  O HOWARD STREET  FRANCISCO, CA 94108  OF SAN FRANCISCO  O HOWARD STREET  FRANCISCO  O H		501(C)(3)	14,040.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FILIATE 5 - SAN 943047626 501(C)(3) 943292281 501(C)(3)  CO CO 941415287 501(C)(3)  OWAY CISCO, 941384645 501(C)(3)	2	501(C)(3)	10,568.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ATION DRIVE CA 94065  943292281  501(C)(3)  ANCISCO TREET  , CA 94103  941415287  501(C)(3)  CA 94117  PRORATION SAN TE - 1600 HOLLOWAY TE - 1600 HOLLOWAY 361 - SAN FRANCISCO, 941384645  501(C)(3)	FILIATE 5 - SAN	501(C)(3)	44,262.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ANCISCO TREET , CA 94103  OF SAN FRANCISCO  , CA 94117  FRORATION SAN TE - 1600 HOLLOWAY  361 - SAN FRANCISCO,  941384645 501(C)(3)	ATION DRIVE CA 94065	501(C)(3)	.690,8	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO  2A 94117  PATION SAN - 1600 HOLLOWAY  1 - SAN FRANCISCO, 941384645 501(C)(3)	ANCISCO TREET , CA 94103	501(C)(3)	9,739.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
0, 941384645	SAN FRANCISCO	501(C)(3)	10,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MED TO DETERMATE METAL MATERIAL	, c	501(C)(3)	9,428.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FRANCISCO - 164 6TH STREET - SAN FRANCISCO, CA 94103 510163302 501(C)(3)	S OF SAN STREET - SAN	501(C)(3)	8,400.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the Office States (Otherwise), Factor,	issistance to de	overnments and Organ	inzauons in me o	med States (SCH	squie I (I OIII 330), La		
(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
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	521481896	501(C)(3)	10,504.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN RED CROSS, BAY AREA CHAPTER - 1663 MARKET STREET - SAN FRANCISCO, CA 94103	943045430	501(C)(3)	83,672.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
IMMIGRANT LEGAL RESOURCE CENTER 1663 MISSION ST #602 SAN FRANCISCO, CA 94103	942939540	501(0)(3)	7,250.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AIDS LEGAL REFERRAL PANEL 1663 MISSION STREET, STE 500 SAN FRANCISCO, CA 94103	943111738	501(C)(3)	10,019.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LA CASA DE LAS MADRES 1663 MISSION STREET, SUITE 225 SAN FRANCISCO, CA 94103	942330864	501(C)(3)	23,246.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ROBERT A TOIGO FOUNDATION 180 GRAND AVENUE, SUITE 450 OAKLAND, CA 94612	133565420	501(C)(3)	5,400.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES CYO 180 HOWARD STREET, SUITE 100 SAN FRANCISCO, CA 94105	941498472	501(C)(3)	5,135.	· 0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LEGAL AID SOCIETY- EMPLOYMENT LAW CENTER - 180 MONTGOMERY STREET, SUITE 600 - SAN FRANCISCO, CA 94104	942783401	501(C)(3)	27,755.	• 0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS DISCOVERY MUSEUM OF SAN JOSE - 180 WOZ WAY - SAN JOSE, CA 95110	942870828	501(C)(3)	10,250.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
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# Schedule I (Form 990) UNITED WAY OF THE BAY AREA Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	idule I (Form 990), Par	t III.)	
(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
INNVISION SHELTER NETWORK 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	770160469	501(C)(3)	5,441.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BLIND BABIES FOUNDATION 1814 FRANKLIN ST, SUITE 300 OAKLAND, CA 94612	941156630	501(C)(3)	5,340.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SHELTER, INC OF CONTRA COSTA COUNTY - 1815 ARNOLD DRIVE - MARTINEZ, CA 94553	680117241	501(C)(3)	15,576.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUNLIGHT FOUNDATION 1818 N STREET NW, STE 300 WASHINGTON, DC 20036	203903427	501(C)(3)	10,000.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LINDSAY WILDLIFE MUSEUM 1931 FIRST AVENUE WALNUT CREEK, CA 94596	946104179	501(C)(3)	6,198.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRST PRESBYTERIAN CHURCH OF CONCORD - 1965 COLFAX ST - CONCORD, CA 94520	941510160	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOAVES AND FISHES OF CONTRA COSTA 1985 BONFACIO ST., SUITE 100 CONCORD, CA 94520	680018077	501(C)(3)	6,179.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MEASURES FOR JUSTICE 2 BRUNSWICK STREET ROCHESTER, NY 14607	452119421	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMITTEE FOR ECONOMIC DEVELOPMENT 2000 L STREET, N.W., SUITE 700 WASHINGTON, DC 20036	131623973	501(C)(3)	35,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
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# Schedule I (Form 990) UNITED WAY OF THE BAY AREA 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 coganization or government if application or government (b) EIN (c) IRC (c) IR	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of (e) Amount of (f) Method of (cable cash grant non-cash (book, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVE SAN FRANCISCO, CA 94116	941451515	501(C)(3)	10,800.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO SPCA 201 ALABAMA STREET SAN FRANCISCO, CA 94103	940836580	501(¢)(3)	13,934.	0.		·	DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO SYMPHONY 201 VAN NESS AVE SAN FRANCISCO, CA 94102	941156284	501(C)(3)	41,560.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FLORIDA STATE UNIVERSITY FOUNDATION - 2010 LEVY AVENUE, BLDG B, STE 300 - TALLAHASSEE, FL 32306	596152180	501(C)(3)	.000,8	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HILLSIDE COVENANT CHURCH 2060 MAGNOLIA WAY WALNUT CREEK, CA 94595	941564826	501(C)(3)	6,970.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UC BERKELEY FOUNDATION 2080 ADDISON STREET #4200 BERKELEY, CA 94720	946090626	501(C)(3)	5,308.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UC REGENTS/UC BERKELEY 2080 ADDISON STREET #4200 BERKELEY, CA 94720	946002123	501(C)(3)	.000,9	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HAAS SCHOOL OF BUSINESS 2080 ADDISON STREET #4200 BERKELEY, CA 94720	946090626	501(C)(3)	73,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EDUCATIONAL FOUNDATION OF ORINDA 21 'C' ORINDA WAY #123 ORINDA, CA 94563	942623617	501(C)(3)	14,930.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS Schodule I (Form 990)
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Schedule I (Form 990) UNITED WAY OF THE BAY AREA

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

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	4 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
HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	941393894	501(C)(3)	8,500.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OPPORTUNITY INTERNATIONAL 2122 YORK RD STE 150 OAK BROOK, IL 60523	540907624	501(C)(3)	15,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PROJECT PEACE EAST BAY 2138 CEDAR STREET BERKELEY, CA 94709	260716414	501(c)(3)	6,575.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PLANNED PARENTHOOD SHASTA PACIFIC 2185 PACHECO STREET CONCORD, CA 94520	941575233	501(c)(3)	12,057.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TEACH FOR AMERICA BAY AREA 22 FOURTH STREET, 7TH FLOOR SAN FRANCISCO, CA 94103	133541913	501(c)(3)	28,250.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET, SUITE 850 SAN FRANCISCO, CA 94104	202121739	501(C)(3)	5,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SPCA OF SOLANO COUNTY 2200 PEABODY ROAD VACAVILLE, CA 95696	942607843	501(c)(3)	5,213.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN'S HOSPITAL & RESEARCH CENTER FOUNDATION - 2201 BROADWAY, SUITE 600 - OAKLAND, CA 94612	941657474	501(0)(3)	18,825.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS CREATIVITY MUSEUM 221 FOURTH STREET SAN FRANCISCO, CA 94103	943178735	501(C)(3)	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
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Schedule I (Form 990) UNITED WAY OF THE BAY AREA

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
LEUKEMIA & LYMPHOMA SOCIETY GREATER BAY AREA - 221 MAIN STREET, SUITE 1650 - SAN FRANCISCO, CA 94105	135644916	501(C)(3)	6,498.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	237069110	501(C)(3)	6,965.	.0		,	DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE, PMB 407727 NASHVILLE, TN 37240	620476822	501(C)(3)	15,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN'S NETWORK OF SOLANO COUNTY - 2320 COURAGE DRIVE, SUITE 107 - FAIRFIELD, CA 94533	680014506	501(C)(3)	5,630.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST MARY-VIRGIN EPISCOPAL CHURCH 2325 UNION STREET SAN FRANCISCO, CA 94123		501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SHRINERS HOSPITAL FOR CHILDREN NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	362193608	501(C)(3)	5,166.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH FAMILY & CHILDREN'S SERVICES OF THE EAST BAY - 2484 SHATTUCK AVE #210 - BERKELEY, CA 94704	943250304	501(C)(3)	11,270.	• 0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
RUBICON PROGRAMS INC 2500 BISSELL AVENUE RICHMOND, CA 94804	942301550	501(C)(3)	6,260.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CAVALLA HISTORICAL FOUNDATION 2504 CHURCH STREET GALVESTON, TX 77550	760617618	501(C)(3)	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS  Schedule I (Form 990)

## Schedule I (Form 990) UNITED WAY OF THE BAY AREA Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III.) UNITED WAY OF THE BAY AREA

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(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
GLAUCOMA RESEARCH FOUNDATION 251 POST STREET #600 SAN FRANCISCO, CA 94108	942495035	501(C)(3)	6,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALVARY PRESBYTERIAN CHURCH 2515 FILLMORE SAN FRANCISCO, CA 94115	941337635	501(C)(3)	12,500.	,0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	941241309	501(C)(3)	.968,6	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST JOAN OF ARC CHURCH 2601 SAN RAMON VALLEY BLVD SAN RAMON, CA 94583		501(C)(3)	5,225.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HABITAT FOR HUMANITY EAST BAY 2619 BROADWAY #205 OAKLAND, CA 94612	943053687	501(C)(3)	14,167.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LAW CENTER TO PREVENT GUN VIOLENCE 268 BUSH STREET #555 SAN FRANCISCO, CA 94104	943324402	501(C)(3)	8,545.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PHILADELPHIA MUSEUM OF ART 26TH & BEN FRANKLIN PKWY PHILADELPHIA, PA 19130	231365388	501(C)(3)	10,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST SAN RAFAEL, CA 94901	942831592	501(C)(3)	7,500.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST CLEMENTS EPISCOPAL CHURCH 2837 CLAREMONT BLVD BERKELEY, CA 94705		501(C)(3)	.000,3	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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(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
BAY AREA UREAN DEBATE LEAGUE 285 17TH STREET OAKLAND, CA 94612	800473270	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION - 2890 MITCHELL DRIVE - WALNUT CREEK, CA 94598	680240341	501(C)(3)	27,429.	•0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNIT STRI	943042565	501(C)(3)	14,398,	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TISCC DERC	942990335	501(C)(3)	10,400.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN CONSERVATORY THEATER 30 GRANT AVENUE SAN FRANCISCO. CA 94108	946135772	501(C)(3)	20,639.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO HILLSBOROUGH CA 94010	942403888	501(C)(3)	13,600.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEMEN 3003 CREE	941322179	501(C)(3)	16,600.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JNTEER LEGAL SERV SAN FRANCISCO - 3 EET, THIRD FLOOR NCISCO, CA 94111	942931349	501(C)(3)	6,850.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE, DEV DEPT SAN FRANCISCO, CA 94102	940836240	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

## Schedule I (Form 990) UNITED WAY OF THE BAY AREA Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) UNITED WAY OF THE BAY AREA

(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
FAMILIES HELPING FAMILIES 3101 BUSCH DRIVE FAIRFIELD, CA 94535	680148410	501(C)(3)	14,842.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA WOMEN'S & CHILDREN'S CENTER - 318 LEAVENWORTH STREET - SAN FRANCISCO, CA 94102	942722718	501(C)(3)	5,400.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALGUNS FOUNDATION 3200 BRIDGE PARKWAY, SUITE 202C REDWOOD CITY, CA 94065	262794094	501(C)(3)	6,740.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH COMMUNITY CENTER OF SAN FRANCISCO - 3200 CALIFORNIA STREET - SAN FRANCISCO, CA 94118	943227260	501(C)(3)	10,680.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
REDWOOD DAY SCHOOL 3245 SHEFFIELD AVE OAKLAND, CA 94602	942289521	501(C)(3)	6,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
STANFORD UNIVERSITY 326 GALVEZ STREET, GIFT PROCESSING STANFORD, CA 94305	941156365	501(C)(3)	200,067.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUCKLEBERRY YOUTH PROGRAMS, INC. 3310 GEARY BLVD SAN FRANCISCO, CA 94118	941687559	501(0)(3)	5,865.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DOCTORS WITHOUT BORDERS HEADQUARTER - 333 7TH AVENUE, 2ND FLOOR - NEW YORK, NY 10016	133433452	501(C)(3)	11,850.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LAFAYETTE PARTNERS IN EDUCATION 3450-A GOLDEN GATE WAY LAFAYETTE, CA 94549	942699518	501(C)(3)	.083,7	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

(h) Purpose of grant or assistance

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UNITED WAY OF THE BAY AREA

Schedule I (Form 990)

(g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation Ö 0 Ö Ö 0 Ö Ö (e) Amount of non-cash assistance 7,000. 500 (d) Amount of cash grant 19,136, 6,723 5,445 5,200 6,385 ď, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 940338330 946085452 231352685 942515405 943178882 942462357 943038202 (p) EIN HOSPICE FOUNDATION OF THE EAST BAY 3451 WALNUT STREET - PHILADELPHIA, PA VALLEY HUMANE SOCIETY-PLEASANTON FRIENDS OF THE SF PUBLIC LIBRARY WOMEN, INC. PENNSYLVANIA THE PENN FUND -(a) Name and address of organization or government TRUSTEES OF UNIVERSITY OF SAN FRANCISCO, CA 94102 PLEASANT HILL, CA 94523 CORNERSTONE FELLOWSHIP TRI VALLEY HAVEN FOR CA 94566 3663 PACIFIC AVENUE 3470 BUSKIRK AVENUE LIVERMORE, CA 94550 LIVERMORE, CA 94551 348 W CANYONS PKWY 3670 NEVADA STREET 39 FERNHILL AVENUE 391 GROVE STREET CA 94957 BRANSON SCHOOL PLEASANTON, ROSS, 19104

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SALVATION ARMY- CONCORD CORPS

3950 CLAYTON ROAD CONCORD, CA 94521

## Schedule I (Form 990) UNITED WAY OF THE BAY AREA Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) UNITED WAY OF THE BAY AREA

(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
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	630598743	501(C)(3)	5,696.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRST COVENANT CHURCH 4000 REDWOOD ROAD OAKLAND, CA 94619		501(C)(3)	10,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVENUE - CONCORD, CA 94520	942418054	501(C)(3)	104,187.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403	237416272	501(C)(3)	5,442.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SELF HELP FOR THE ELDERLY 407 SANSOME STREET, SUITE 300 SAN FRANCISCO, CA 94111	941750717	501(C)(3)	9,369.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ABODE SERVICES 40849 FREMONT BOULEVARD FREMONT, CA 94538	943087060	501(C)(3)	6,715.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SMILE TRAIN INC 41 MADISON AVENUE, FLOOR 28 NEW YORK, NY 10010	133661416	501(C)(3)	5,594.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LEGACY CHARTER SCHOOL 4217 WEST 18TH STREET, NORTH BUILDI CHICAGO, IL 60623	201946624	501(C)(3)	6,100.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 EAST 92ND ST - NEW YORK, NY 10128	131623829	501(C)(3)	6,392	0.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
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Schedule I (Form 990) UNITED WAY OF THE BAY AREA

Part III 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
NATURE CONSERVANCY 4245 NORTH FAIRFAX DR STE 100 ARLINGTON, VA 22203	530242652	501(C)(3)	5,020.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRST PLACE FOR YOUTH 426 17TH STREET OAKLAND, CA 94612	943341034	501(C)(3)	6,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN HEART ASSOCIATION GREATER BAY AREA - 426 17TH STREET, SUITE 300 - OAKLAND, CA 94612	135613797	501(C)(3)	22,914.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ONEJUSTICE 433 CALIFORNIA STREET, SUITE 815 SAN FRANCISCO, CA 94104	942589423	501(C)(3)	7,950.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	942677202	501(C)(3)	13,431.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PLANNED PARENTHOOD FED OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001	131644147	501(C)(3)	10,824.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CREEKSIDE OPEN BIBLE CHURCH 444 FIG TREE LANE MARTINEZ, CA 94553	942541096	501(C)(3)	10,095.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
STAR ACADEMY SHINING STAR FOUNDATION - 4470 REDWOOD HIGHWAY - SAN RAFAEL, CA 94903	680221149	501(c)(3)	5,700.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHURCH OF CHRIST IN LIVERMORE 4481 EAST AVENUE LIVERMORE, CA 94550	941599151	501(0)(3)	6,370.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
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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.)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	dule I (Form 990), Par	μ.)	
(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
SAN FRANCISCO BALLET ASSSOCIATION 455 FRANKLIN STREET SAN FRANCISCO CA 94102	941415298	501(C)(3)	15,520.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
	271584676	501(C)(3)	5,963.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MID ATLANTIC INNOCENCE PROJECT 4801 MASSACHUSETTS AVE, NW WASHINGTON, DC 20016	541993334	501(C)(3)	.000,8	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMPASS FAMILY SERVICES 49 POWELL STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	941156622	501(C)(3)	27,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OPTIONS FOR WOMEN OF CALIFORNIA 4991 CLAYTON ROAD CONCORD, CA 94521	680026753	501(C)(3)	26,325.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVENUE SAN RAFAEL, CA 94901	941156525	501(C)(3)	.005,8	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	940997140	501(C)(3)	.898,6	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHURCH OF JESUS CHRIST LDS LDS PHILANTROPHIES - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	237300405	501(C)(3)	18,886.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO STREET, SUITE 110 SAN FRANCISCO, CA 94133	941707583	501(C)(3)	5,870.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF THE BAY AREA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) UNITED WAY OF THE BAY AREA

(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 UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	941156617	501(C)(3)	25,440.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WALNUT CREEK CHURCH OF CHRIST 500 MINERT ROAD WALNUT CREEK, CA 94598	942659678	501(C)(3)	25,350.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUMMER SEARCH FOUNDATION 500 SANSOME STREET, SUITE 350 SAN FRANCISCO, CA 94111	680200138	501(C)(3)	.88,778.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PETA/PEOPLE FOR ETHICAL TRIMT OF ANIMALS - 501 FRONT STREET - NORFOLK, VA 23501	521218336	501(C)(3)	5,120.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	620646012	501(C)(3)	14,927.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GIRLS INC OF ALAMEDA COUNTY 510 16TH STREET OAKLAND, CA 94612	941558073	501(C)(3)	7,768.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DIABETIC YOUTH FOUNDATION 5167 CLAYTON ROAD, STE F CONCORD, CA 94521	946003673	501(C)(3)	5,512.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ZION LUTHERAN CHURCH PIEDMONT 5201 PARK BLVD PIEDMONT, CA 94611	946003242	501(C)(3)	11,800.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MARIN COUNTRY DAY SCHOOL 5221 PARADISE DR CORTE MADERA, CA 94925	941375791	501(C)(3)	8,740.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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Schedule I (Form 990)  Part II Continuatio	n of	UNITED WAY OF THE BAY AREA Grants and Other Assistance to Governments and C	HE BAY AREA to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		94-1312348
(a) Name	(a) Name and address of	(p) EIN	(c) IRC section	(c) IRC section (d) Amount of (e) Amount of	(e) Amount of	f (f) Method of (g) Description of	(g) Description of	(h) Purpose of

(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
PHILIPPINE INTERNATIONAL AID 5226 DIAMOND HEIGHTS BLVD SAN FRANCISCO, CA 94131	943008383	501(C)(3)	8,257.	0.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALICO CENTER 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	943256781	501(C)(3)	10,959.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PHI KAPPA PSI FOUNDATION 5395 EMERSON WAY INDIANAPOLIS, IN 46226	366130655	501(C)(3)	.000,	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LDREN FEDERATION, INC. AD 06880	060726487	501(C)(3)	6,575.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CAMP TAYLOR 5424 PIRRONE ROAD SALIDA, CA 95368	043709177	501(C)(3)	11,008.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALIFORNIA ACADEMY OF SCIENCES 55 CONCOURSE DRIVE SAN FRANCISCO, CA 94118	941156258	501(C)(3)	.005,8	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOYS & GIRLS CLUB SAN FRANCISCO 55 HAWTHORNE STREET, SUITE 600 SAN FRANCISCO, CA 94105	941156608	501(C)(3)	19,940.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MAKE A WISH FOUNDATION GREATER BAY AREA - 55 HAWTHORNE STREET, SUITE 800 - SAN FRANCISCO, CA 94105	942958481	501(C)(3)	14,344.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOUNDATION FOR THE FUTURE 555 MIDDLEFIELD AVE ATHERTON, CA 94027	260820369	501(C)(3)	30,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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(a) Name and address of organization or government	( <b>b</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
TAYLOR FAMILY FOUNDATION 5555 ARROYO ROAD LIVERMORE, CA 94550	943262932	501(C)(3)	8,687.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA DISCOVERY MUSEUM 557 MCREYNOLDS ROAD SAUSALITO, CA 94965	680033227	501(C)(3)	11,500.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KICKSTART INTERNATIONAL 567 SUTTER STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	061613235	501(C)(3)	14,000.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SHEPHERD OF THE HILLS CHURCH 580 TRINITY DRIVE VACAVILLE, CA 95687	942669448	501(C)(3)	12,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNIVERSITY OF CHICAGO 5801 S ELLIS AVE/DEV OFFICE CHICAGO, IL 60637	362177139	501(C)(3)	20,000.	•0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMONWEALTH CLUB OF CALIFORNIA 595 MARKET STREET, 2ND FLOOR SAN FRANCISCO, CA 94105	940399260	501(C)(3)	24,350.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
POINTS OF LIGHT INSTITUTE 600 MEANS STREET, SUITE 210 ATLANTA, GA 30318	650206641	501(C)(3)	91,661.	· o			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN CANCER SOCIETY, INC. CALIFORNIA DIVISION, INC 601 MONTGOMERY STREET, SUITE 650 - SAN FRANCISCO, CA 94111	941170350	501(C)(3)	15,279.	°o			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	043391621	501(C)(3)	7,500.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS  Schedule I (Form 990)

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(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
YMCA OF SAN FRANCISCO (PRESIDIO) 63 FUNSTON AVENUE SAN FRANCISCO, CA 94129	940997140	501(C)(3)	5,350.	,0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PETS ARE WONDERFUL SUPPORT (PAWS) 645 HARRISON STREET, SUITE 100 SAN FRANCISCO, CA 94107	943049133	501(C)(3)	5,324.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL
BIG BROTHERS/SISTERS OF THE BAY AREA - 649 MISSION STREET, 5TH FLOOR - SAN FRANCISCO, CA 94105	942897683	501(C)(3)	.066,3	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST STEPHENS EPISCOPAL CHURCH-ORINDA - 66 ST STEPHENS DRIVE - ORINDA, CA 94563	941399270	501(C)(3)	. 000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MARIN CATHOLIC HIGH SCHOOL 675 SIR FRANCIS DRAKE BLVD KENTFIELD, CA 94904	941156698	501(C)(3)	5,100.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUNTER COLLEGE HIGH SCHOOL ALUMNAE/I ASSOCIATION - 695 PARK AVENUE, BOX 373 - NEW YORK, NY 10065	133953396	501(C)(3)	.005,8	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY, STE 100 JACKSONVILLE, FL 32256	202370934	501(C)(3)	13,313.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COURAGE CAMPAIGN INSTITUTE 7119 W SUNSET BLVD, NO. 195 LOS ANGELES, CA 90046	270343297	501(C)(3)	10,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HORSEPLAY THERAPEUTIC RIDING CENTER - 712 OAK HOLLOW AVENUE - VACAVILLE, CA 95687	911766884	501(C)(3)	5,114.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
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(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
MISSION SOLANO RESCUE MISSION 740 E TRAVIS BLVD FAIRFIELD, CA 94533	611431375	501(C)(3)	16,750.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KENTFIELD SCHOOL FOUNDATION 750 COLLEGE AVENUE KENTFIELD, CA 94904	942665683	501(C)(3)	6,500.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SECOND HARVEST FOOD BANK-SANTA CLARA AND SAN MATEO - 750 CURTNER AVE - SAN JOSE, CA 95125	942614101	501(C)(3)	6,385.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VALLEY CHRISTIAN CHURCH 7500 INSPIRATION DRIVE DUBLIN, CA 94568		501(C)(3)	20,016.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	941186156	501(C)(3)	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASSOCIATED PARENT CLUBS OF PIEDMONT - 760 MAGNOLIA AVENUE - OAKLAND, CA 94611	942960998	501(C)(3)	15,850.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ALAMEDA COUNTY COMMUNITY FOOD BANK INC - 7900 EDGEWATER DRIVE - OAKLAND, CA 94621	942960297	501(C)(3)	15,574.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SEVENTH DAY ADVENTIST OF PLEASANT HILL - 800 GRAYSON ROAD - PLEASANT HILL, CA 94523		501(C)(3)	7,269.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JUNIOR STATESMEN FOUNDATION 800 SOUTH CLAREMONT STREET, SUITE 3 SAN MATEO, CA 94402	946050452	501(C)(3)	10,000.	0,			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

UNITED WAY OF THE BAY AREA Schedule I (Form 990)

T0 TO TO. 5 P 5 F JO. TO  $_{\rm IO}$  $T^{O}$ (h) Purpose of grant or assistance DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR DESIGNATED BY DONOR ESIGNATED BY DONOR AGENCY FOR GENERAL GENCY FOR GENERAL GENCY FOR GENERAL AGENCY FOR GENERAL GENERAL AGENCY FOR GENERAL AGENCY FOR GENERAL AGENCY FOR GENERAL AGENCY FOR GENERAL GENCY FOR OPERATIONS OPERATIONS PERATIONS DERATIONS OPERATIONS DPERATIONS DPERATIONS DERATIONS DPERATIONS (g) Description of non-cash assistance Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ٠. 0 ٥. Ö (e) Amount of non-cash assistance Ö Ö ٠. Ö 0 (d) Amount of cash grant 557 25,500 7,608 17,017 10,000 10,000 8,168 8,459 35,000 39, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 237334590 941322202 942235908 150532081 626039877 943041517 943019992 522096845 680173278 (p) EIN FOUNDATION - 8347 WEST RANGE COVE CENTER - 8200 INTERNATIONAL BLVD, CHRONICLE SEASON OF SHARING FUND EAST OAKLAND YOUTH DEVELOPMENT 820 COMSTOCK AVENUE, SUITE 100 BENICIA EDUCATION FOUNDATION (a) Name and address of organization or government PI KAPPA ALPHA EDUCATIONAL 921 11TH STREET, SUITE 901 SUITE A SAN FRANCISCO, CA 94107 SAN FRANCISCO, CA 94144 SAN FRANCISCO FOOD BANK NEW AMERICA FOUNDATION SYRACUSE UNIVERSITY-NY ASIAN HEALTH SERVICES 900 PENNSYLVANIA AVE SACRAMENTO, CA 95814 - MEMPHIS, TN 38125 - OAKLAND, CA 94621 818 WEBSTER STREET SYRACUSE, NY 13244 901 MISSION STREET OAKLAND, CA 94607 OAKLAND, CA 94621 940 ADAMS STREET, BENICIA, CA 94510 8323 BALDWIN ST EAST BAY SPCA

Schedule I (Form 990)

	rganizations in the United States (Schedule I (Form 990), Part II.)
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(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 945 MADISON AVENUE AT 7TH STREET NEW YORK, NY 10021	131789318	501(C)(3)	10,000.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MENLO PARK PRESBYTERIAN CHURCH 950 SANTA CRUZ AVE. MENLO PARK, CA 94025		501(C)(3)	13,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BISHOP O'DOWD HIGH SCHOOL 9500 STEARNS AVENUE OAKLAND, CA 94605		OAKLAND UNIFIED	24,250.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JOURNEY CHURCH OF SAN FRANCISCO 965 MISSION STREET, SUITE 514 SAN FRANCISCO, CA 94103		501(C)(3)	.000,9	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SEVEN HILLS SCHOOL 975 N. SAN CARLOS DRIVE WALNUT CREEK, CA 94598	941628213	501(C)(3)	8,700.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHINATOWN COMMUNITY CHILDRENS CENTER - 979 CLAY STREET - SAN FRANCISCO, CA 94108	237126354	501(C)(3)	5,200.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUSTAINABLE CONSERVATION 98 BATTERY STREET, SUITE 302 SAN FRANCISCO, CA 94111	943232437	501(C)(3)	10,500.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	941679756	501(C)(3)	13,500.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HALF MOON BAY HIGH SCHOOL CABRILLO UNIFIED SCHOOL DISTRICT - LEWIS FOSTER DRIVE - HALF MOON BAY, CA 94019		CABRILLO UNIFIED	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

	Organizations in the United States (Schedule I (Form 990), Part II.)
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Par II Continuation of Grants and Other Assistance to Governments	Assistance to do		alla Olganizations in the Ol	ווכם כימיכי ליכייי	date 1 (1 OH 11 330), 1 di		demonstrate the Community of the communi
(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
PIEDMONT EDUCATIONAL FOUNDATION P.O. BOX 11192 PIEDMONT, CA 94611	946426176	501(C)(3)	7,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BUILDON P.O. BOX 16741 STAMFORD, CT 06905	223128648	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OLANA PARTNERSHIP P.O. BOX 199 HUDSON, NY 12534	141828430	501(C)(3)	107,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
YALE LAW SCHOOL FUND P.O. BOX 2038 NEW HAVEN, CT 06521	060646973	501(C)(3)	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KEEN SAN FRANCISCO KIDS ENJOY EXERCISE NOW - P.O. BOX 223 - GUALALA, CA 95445	521767631	501(C)(3)	.037,8	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS MUSEUM OF THE EAST END P.O. BOX 316 BRIDGEHAMPTON, NY 11932	113431939	501(C)(3)	10,000.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MORAGA EDUCATIONAL FOUNDATION P.O. BOX 34 MORAGA, CA 94556	942791659	501(C)(3)	18,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CABRILLO EDUCATION FOUNDATION P.O. BOX 354 HALF MOON BAY, CA 94019	942976402	501(c)(3)	52,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN RED CROSS DISASTER RELIEF FUND - P.O. BOX 37295 - WASHINGTON, DC 20013	530196605	501(C)(3)	5,765.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

Schedule I (Form 990)

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Schedule I (Form 990) UNITED WAY OF THE BAY AREA

Part III 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 cash grant or government (b) EIN (c) IRC section or government (b) cook, FMV, assistance appraisal, other)	(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
HUMANE SOCIETY OF NAPA COUNTY P.O. BOX 695 NAPA, CA 94559	237315010	501(C)(3)	7,500.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EXPLORATORIUM PIERS 15/17 SAN FRANCISCO, CA 94111	941696494	501(c)(3)	17,000.	.0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD BUSINESS SCHOOL DEVELOPMENT OFFICE - TEELE HALL, SOLDIERS FIELD - BOSTON, MA 02163	042103580	501(C)(3)	13,500.	0			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
							Schedule I (Form 990)

94-1312348

Schedule I (Form 990) (2012)

Part III Grants and Other

Schedule (Form 990) (2012)	777				
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.	ited States. Comp	olete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	But the second s
(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 non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I,	line 2, Part III, colum	n (b), and any other additional in	ormation.
SCHEDULE I, PART I, LINE 2: FUNDING	NG ALLOCATED	인	AGENCIES AS D	DIRECTED BY	
DONORS:					
UNITED WAY OF THE BAY AREA RESPONSIBLY	- 1	FULFILLS DONOR	OR INTENT,	INCLUDING	
REQUESTS TO FUND SPECIFIC NONPROFITS	THAT	MEET THE	IRS QUALIFI	QUALIFICATIONS OF A	
TAX EXEMPT CHARITABLE ORGANIZATION	UNDER	SECTION 170(C).	O(C). ELIGIBLE	BLE	
ORGANIZATIONS ARE ALSO REQUIRED TO	BE IN	COMPLIANCE WITH	THE	SPIRIT AND	
INTENT OF THE USA PATRIOT ACT AND	OTHER CO	COUNTER TER	TERRORISM LAWS	•	
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Schedule I (Form 990) (2012)

### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990.
See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED WAY OF THE BAY AREA

Employer identification number 94-1312348 Part I Questions Regarding Compensation

Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Health or social club due or initiation fees  Health or social club due or initiation fees  Health or social club due or in	L	att   Guestione riegarding compensation		Vac	No
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee	b	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		Yes	No
establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Written employment contract  X Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling 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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	3				
Written employment contract   Written employment contract   X Independent compensation consultant   X Compensation survey or study   X Form 990 of other organizations   X Approval by the board or compensation committee   4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:   a Receive a severance payment or change-of-control payment?   4a X       b Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   X     c Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X     If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.     For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   5a   X     b Any related organization?   5b   X     If "Yes" to line 5a or 5b, describe in Part III.					
X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling 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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in 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" to line 5a or 5b, describe in Part III.					
Approval by the board or compensation committee  4 During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in 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" to line 5a or 5b, describe in Part III.					
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling 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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in 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" to line 5a or 5b, describe in Part III.					
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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in 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" to line 5a or 5b, describe in Part III.		Point 990 of other organizations			
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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in 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" to line 5a or 5b, describe in Part III.	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
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) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in 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" to line 5a or 5b, describe in Part III.	7		la de la dela de		
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) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in 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" to line 5a or 5b, describe in Part III.	а		4a	Х	<u> </u>
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) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in 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" to line 5a or 5b, describe in Part III.	b				X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in 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" to line 5a or 5b, describe in Part III.	С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
5 For persons listed in 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" to line 5a or 5b, describe in Part III.					
5 For persons listed in 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" to line 5a or 5b, describe in Part III.					
contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.					
a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.		contingent on the revenues of:	_		v
If "Yes" to line 5a or 5b, describe in Part III.	а	The organization?			
If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	b	•	OD.		<u> </u>
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		If "Yes" to line 5a or 5b, describe in Part III.			
	6				
contingent on the net earnings of:  7. The organization?  6a X			60		х
a The organization?					X
b Arry related Organizations	b		0.5		
11 100 to 1110 ou of on, determine 111 111	_				
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  pot described in lines 5 and 62 if "Yes," describe in Part III.  7 X	1		7		X
not described at times 3 and 6 it in 168, describe at the times and in the times at	_				<del></del>
Were any amounts reported in 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	ø		8		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	a				
القا	9	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 UNITED WAY OF THE BAY AREA 94–1312348

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

UNITED WAY OF THE BAY AREA

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(f)-(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.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(a)-(i)(a)	reported as delerred in prior Form 990
(1) ANNE WILSON	(3)	277,125.	0	9,168.	323,799.	2,530.	612,622.	
		0	0	0				
(2) ERIC MCDONNELL	Ξ	227,676.	10,083.	720.	66,82	21,871.	327,17	
000	Ξ	1					- 1	
(3) JOAN BRAUN	Ξ	154,263.	4,718.	2,496.	9,71	19,828.	191,02	
CFAO	Ξ	0						
(4) STUART CANNING	Ξ	190,615.	5,653.	1,237.	6,81	11,526.	215,84	
CHIEF DEVELOPMENT OFFICER	Ξ	i i	0					
(5) LORNE NEEDLE	Ξ	170,287.	79.	1,495.	10,456.	18,688.	201,00	
CHIEF COMMUNITY INVESTMENT OFFICER	<u> </u>	0	0	0	• 0	0.	0.	
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Schedule J (Form 990) 2012 UNITED WAY OF THE BAY AREA  Part III Supplemental Information	94-1312348 Page 3	ဗ
Complete this part to 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.	t II. Also complete this part for any	
PART I, LINE 4A: DEBRA REISENTHAL, VP OF DEVELOPMENT, RECEIVED		
SEVERANCE PAY OF \$67,500, IN APRIL, 2012. THIS PAYMENT IS REPORTED IN THE		
INDIVIDUAL'S TOTAL REPORTABLE COMPENSATION ON 990, PART VII.		
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 (\$19,082) AS WELL AS THE		
ANNUAL ACTUARIAL VALUE OF THE NOW FROZEN DEFINED BENEFIT PLAN (\$304,717),		
HAVE BEEN INCLUDED TO ARRIVE AT \$323,799.		
	Schedule J (Form 990) 2012	2012

### **SCHEDULE M** (Form 990)

Department of the Treasury

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number 94-1312348

Par	t I Types of Property							
	9300034	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor	(d) of determini atribution an		3
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	29	560,429.	PROCEEDS	FROM	SAL!	<u> </u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82						0	
							Yes	No
30a	During the year, did the organization receive t	ov contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	n, and which is not	required to be used for exer	npt purposes for			
						30a		X
h	If "Yes," describe the arrangement in Part II.			***************************************				
31	Does the organization have a gift acceptance	policy that	equires the review	of any non-standard contrib	outions?	31		X
	Does the organization hire or use third parties							
	contributions?					32a		X
	If "Yes," describe in Part II.	1 ( )	f	why for which column (a) is a	acked			
33	If the organization did not report an amount in	n column (c)	for a type of prope	rry for writeri column (a) is ci	IEUNEU,		greiner.	
	describe in Part II.			20	Cabadu	lo M (Form	000) (	2012)
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (I							

LHA

### **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.

OMB No. 1545-0047

2012
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:

AND SHARE A COMMITMENT TO SEVEN CENTRAL CONCEPTS: (1) TO OFFER AN ARRAY

OF SERVICES IN THREE AREAS - CREDIT, INCOME, AND ASSETS; (2) TO

SEAMLESSLY INTEGRATE SERVICE DELIVERY, APPROPRIATELY "BUNDLED" AND

SEQUENCED; (3) TO PROVIDE FINANCIAL COUNSELING FOR ALL CLIENTS AND

MOTIVATE AND SUPPORT THEM WITH CULTURALLY COMPETENT STAFF; (4) TO

PROMOTE AND PROVIDE ACCESS TO PUBLIC AND PRIVATE BENEFITS AND

MAINSTREAM FINANCIAL SERVICES; (5) TO COMMIT TO CONTINUED ENGAGEMENT

WITH CLIENTS OVER TWO-THREE YEARS; (6) TO EVALUATE, LEARN FROM AND

SHARE DATA, SUPPORTED BY A USER-FRIENDLY IT SYSTEM THAT DEMONSTRATES

RESULTS; AND (7) TO PROMOTE SPARKPOINT THROUGH THE POWER OF A COMMON

BRAND AND MARKETING. THE PARTNERS HAVE ALSO COMMITTED TO PURSUE COMMON

GOALS AND DEVELOP NEW INDICATORS TO MEASURE SUCCESS.

EARN IT! KEEP IT! SAVE IT!. THE EARN IT! KEEP IT! SAVE IT! ("EKS")

PROGRAM IS AVAILABLE AT EACH SPARKPOINT CENTER AND APPROXIMATELY 200

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Schedule O (Form 990 or 990-EZ) (2012)

OTHER FREE TAX SITES ACROSS THE COUNTIES WE SERVE. EKS PROVIDES LOW TO

MODERATE INCOME HOUSEHOLDS WITH FREE, QUALITY TAX RETURN PREPARATION

AND ACCESS TO ASSET BUILDING OR INCOME SUPPORT RESOURCES SUCH AS PUBLIC

BENEFITS, LOW OR NO COST BANK ACCOUNTS OR FINANCIAL EDUCATION.

IRS-CERTIFIED VOLUNTEER TAX PREPARERS HELP INDIVIDUALS AND FAMILIES

CLAIM THEIR MAXIMUM BENEFIT AND REFUND. EKS PARTNERED WITH HUNDREDS OF

COMMUNITY ORGANIZATIONS AND OTHER FREE TAX PREPARATION PROVIDERS SUCH

AS TAX-AID AND AARP TAX-AIDE TO PROCESS OVER 70,000 TAX RETURNS IN

FISCAL YEAR 2013. EKS ALSO ENSURES ELIGIBLE TAXPAYERS CLAIM THE EARNED

INCOME TAX CREDIT ("EITC") AND OTHER CREDITS OR REFUNDS, WHICH ON

AVERAGE AMOUNT TO MORE THAN \$1,000 PER HOUSEHOLD.

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

FRANCISCO, SAN MATEO, AND SOLANO - AND FUNDS THE LOCAL 211 SERVICE

PROVIDER IN ALAMEDA AND CONTRA COSTA COUNTIES. IN FISCAL YEAR 2013,

THE BAY AREA-WIDE SYSTEM TOOK NEARLY 200,000 CALLS, WITH ALMOST HALF OF

THOSE FOR WHICH WE HAVE DEMOGRAPHIC DATA COMING FROM PEOPLE IN POVERTY.

THE MAIN NEEDS PEOPLE CALLED ABOUT INCLUDED FOOD, SHELTER, EMPLOYMENT,

AND OTHER SERVICES RELATED TO SURVIVING AND MOVING OUT OF POVERTY.

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

OTHER COMMUNITY PROGRAMS. CONTAINED IN THIS CATEGORY ARE THE COSTS OF

NINE UWBA COMMUNITY PROGRAMS. THESE PROGRAMS TARGET AND SUPPORT BAY

AREA COMMUNITIES TO MEET THEIR NEEDS ACROSS THE STATED ISSUE AREA.

EXPENSES INCLUDE THE COSTS OF PROGRAM-DEDICATED STAFF, CONSULTANTS, AND

GRANTS TO NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES TO THE

COMMUNITY PURSUANT TO THE PROGRAMS' CRITERIA AND OBJECTIVES. EXAMPLES

OF OTHER COMMUNITY SERVICE PROGRAMS ARE MATCHBRIDGE/SUMMER JOBS+,

COMMUNITY SCHOOLS, AND CONDUCTING APPROPRIATE AND LEGAL PUBLIC POLICY ADVOCACY.

MATCHBRIDGE / SUMMER JOBS+. MATCHBRIDGE CONTRIBUTES TO THE DEVELOPMENT OF SAN FRANCISCO'S WORKFORCE BY CONNECTING QUALIFIED YOUNG PEOPLE AGED 16 TO 24 TO ENTRY LEVEL JOBS AND INTERNSHIPS IN BUSINESS. MATCHBRIDGE FOCUSES ON EMPLOYMENT OPPORTUNITIES IN THE PRIVATE/PUBLIC SECTOR AND PARTNERS WITH EMPLOYERS, SCHOOLS AND LOCAL YOUTH-SERVING, COMMUNITY-BASED ORGANIZATIONS TO HELP ACHIEVE THE GOAL OF CREATING A WORKFORCE THAT IS PREPARED, EDUCATED, AND READY TO WORK IN 21ST CENTURY UNITED WAY HAS BEEN NAMED THE CITY OF SAN FRANCISCO'S LEAD PARTNER IN THE SUMMER JOBS+ PROGRAM THAT SEEKS TO PROVIDE JOBS AND OTHER OPPORTUNITIES TO YOUNG PEOPLE DURING THE SUMMER AND YEAR ROUND. DURING SUMMER OF 2013 THE PARTNERS - UNITED WAY, THE MAYOR, CITY DEPARTMENTS, THE SCHOOL DISTRICT, PRIVATE EMPLOYERS, AND COMMUNITY ORGANIZATIONS - SUCCESSFULLY SERVED MORE THAN 6,000 YOUTH AND YOUNG ADULTS.

COMMUNITY SCHOOLS. UNITED WAY PROMOTES AND SUPPORTS THE 'COMMUNITY SCHOOLS' STRATEGY, WHICH PLACES SERVICES FOR LOW-INCOME CHILDREN AND FAMILIES AT THE PUBLIC SCHOOLS THEY ATTEND. COMMUNITY SCHOOLS ARE PROVEN BY RESEARCH TO INCREASE ATTENDANCE AND ACADEMIC ACHIEVEMENT, AND TO IMPROVE FAMILIES' HEALTH AND WELL-BEING. UNITED WAY GIVES GRANTS TO EFFECTIVE COMMUNITY SCHOOLS ACROSS THE COUNTIES WE SERVE. WE ALSO WORK CLOSELY WITH SELECTED SCHOOLS AND DISTRICTS TO PLAN AND LAUNCH NEW COMMUNITY SCHOOLS PROGRAMS, AND PROVIDE TECHNICAL ASSISTANCE TO PEOPLE IN THE FIELD. IN THE FISCAL YEAR 2013 UNITED WAY CONNECTED OUR

COMMUNITY SCHOOLS AND SPARKPOINT PROGRAMS BY PIONEERING AN INNOVATIVE

Schedule O (Form 990 or 990-EZ) (2012)

VERSION OF A COMMUNITY SCHOOL THAT INCLUDES THE ECONOMIC SERVICES

OFFERED AT A SPARKPOINT, AND THAT REFERS FAMILIES TO THEIR LOCAL

SPARKPOINT CENTER. IN FISCAL YEAR 2013 THE COMMUNITY SCHOOLS THAT

UNITED WAY FUNDS AND PARTNERS WITH SERVED MORE THAN 3,000 INDIVIDUALS.

IN FY13 UNITED WAY OF THE BAY AREA WAS A ONE-TIME FISCAL SPONSOR FOR

THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT, MIDDLE SCHOOL LEADERSHIP

INITIATIVE. THE SALESFORCE FOUNDATION MADE A GRANT TO THAT INITIATIVE

IN THE AMOUNT OF \$ 2,765,101 WHICH IS INCLUDED AS GRANT EXPENSE IN

SECTION 6D3.

EXPENSES \$ 7,665,984. INCLUDING GRANTS OF \$ 3,724,095. REVENUE \$ 9,600.

FORM 990, PART VI, SECTION B, LINE 11: 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 UP TO A WEEK 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

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Schedule O (Form 990 or 990-EZ) (2012)

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 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

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Schedule O (Form 990 or 990-EZ) (2012)

THERE HAVE BEEN NO CHANGES TO THIS PROCESS FROM PRIOR YEAR.

FORM 990, PART VIII AND PART IX

AUDIT COMMITTEE AND OVERSIGHT

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  UNITED WAY OF THE BAY	AREA	Employer identification number 94-1312348
UNITED WAY STANDARD OVERHEAD CALCUL	ATION	
MANAGEMENT AND GENERAL EXPENSES	\$3,686,826	
FUNDRAISING EXPENSES	\$2,703,085	
TOTAL SUPPORT SERVICES EXPENSES	\$6,389,911	
TOTAL REVENUE	\$39,254,859	
OVERHEAD PERCENTAGE	16.28%	

Form 8868 (Rev. 1-2013)  If you are filing for an Additional (Not Automatic) 3-Month  Note. Only complete Part II if you have already been granted a	n automatic		box	Þ	X	
	n automatic				43	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comp</li> </ul>			WHEN THE WAY AND THE PARTY OF T			
Part II Additional (Not Automatic) 3-Month	Extensio					
		Enter filer's	ldentifyir	ng number, see ins	tructions	
Type or Name of exempt organization or other filer, see ins	Employe	mployer identification number (EIN) c				
print		04 121024	0			
File by the UNITED WAY OF THE BAY AREA		94-131234				
due date for Number, street, and room or suite no. If a P.O. box	k, see instruc	tions.	Social se	curity number (SSN	)	
return See 550 KEARNY ST, NO. 1000						
City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions.				
SAN FRANCISCO, CA 94108						
					0 1	
Enter the Return code for the return that this application is for	(file a separa	ate application for each return)			. [0]1	
		I Ann the attention			Dotum	
Application  Is For  Code Is For					Return	
Is For		Code				
Form 990 or Form 990-EZ 01						
Form 990-BL         02         Form 1041-A           Form 4720 (Individual)         03         Form 4720						
		10				
Form 990-PF	04	Form 5227 Form 6069			11	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	06	Form 8870		deligner with a supply supply and a supply s	12	
STOP! Do not complete Part II if you were not already grant			iously file	d Form 8868	1 14	
<ul> <li>The books are in the care of ► 550 KEARNY ST Telephone No. ► 415-808-4465</li> <li>If the organization does not have an office or place of busin</li> <li>If this is for a Group Return, enter the organization's four dig</li> </ul>	ess in the U	FAX No. ▶nited States, check this box			heck this	
		ach a list with the names and EINs of				
4 I request an additional 3-month extension of time until		15, 2014				
5 For calendar year, or other tax year beginning	JUL 1	, 2012 , and ending	JUN	30, 2013		
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
Change in accounting period						
State in detail why you need the extension  EXAMINATION OF THE ACCOUNTS AND RECORDS IS NOT SUFFICIENTLY COMPLETE						
TO FILE AN ACCURATE AND COMP	PRIR K	ETURN AT THIS TIME	•			
			<del></del>			
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, 6	enter the tentative tax, less any			0.	
nonrefundable credits. See instructions.	20		8a	\$	<u> </u>	
b If this application is for Form 990-PF, 990-T, 4720, or 606						
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					0.	
previously with Form 8868.		th this form if required by union	8b	\$	<u> </u>	
c Balance due. Subtract line 8b from line 8a. Include your		th this form, if required, by using	8c	\$	0.	
EFTPS (Electronic Federal Tax Payment System). See in:		st be completed for Part II o		Ι Ψ		
Under penalties of perjury, I declare that I have examined this form, Inc it is true, correct, and complete, and that I appeare the	luding accom			f my knowledge and be	elief,	
	C.P.A		Date	▶ 2/10/20	)14	
Signature - Com-	O . I . II		Date	Form <b>8868</b> (Re	***************************************	