

UNITED WAY OF THE BAY AREA
PUBLIC DISCLOSURE COPY
RETURN OF EXEMPT ORGANIZATION
PERIOD ENDED JUNE 30, 2018

Form **990**

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">UNITED WAY OF THE BAY AREA</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">550 KEARNY ST 1000</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">SAN FRANCISCO, CA 94108</div> F Name and address of principal officer: ANNE WILSON <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">94-1312348</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">415-808-4300</div> G Gross receipts \$ 37,901,037. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.UWBA.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1922 M State of legal domicile: CA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	80
6	Total number of volunteers (estimate if necessary)	6	3812
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	33,229.
8	Contributions and grants (Part VIII, line 1h)	8	43,337,952.
9	Program service revenue (Part VIII, line 2g)	9	692,981.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	724,925.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	176,612.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	44,932,470.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	25,538,363.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	8,330,641.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,652,106.	16b	83,888.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	5,583,850.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	39,452,854.
19	Revenue less expenses. Subtract line 18 from line 12	19	5,479,616.
20	Total assets (Part X, line 16)	20	28,941,570.
21	Total liabilities (Part X, line 26)	21	12,607,696.
22	Net assets or fund balances. Subtract line 21 from line 20	22	16,333,874.

Part II Signature Block

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

Sign Here	<p align="center">PUBLIC DISCLOSURE COPY</p> Signature of officer <div style="border: 1px solid black; padding: 2px;">JOAN CATHERINE BRAUN, COO</div> Type or print name and title	Date <div style="border: 1px solid black; padding: 2px;"></div>
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">TRACY S. PAGLIA</div> Preparer's signature <div style="border: 1px solid black; padding: 2px;">TRACY S. PAGLIA</div> Date <div style="border: 1px solid black; padding: 2px;">02/20/19</div> Check if self-employed <input type="checkbox"/> PTIN <div style="border: 1px solid black; padding: 2px;">P00366884</div> Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶ 91-0189318 Firm's address ▶ 101 SECOND STREET SUITE 900 <div style="border: 1px solid black; padding: 2px;">SAN FRANCISCO, CA 94105</div> Phone no. 415-956-1500	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 20,610,719. including grants of \$ 19,936,436.) (Revenue \$ 544,958.)
GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES

4b (Code:) (Expenses \$ 7,197,502. including grants of \$ 3,357,825.) (Revenue \$ 0.)
ECONOMIC SUCCESS

SPARKPOINT HAS SERVED MORE THAN 27,000 INDIVIDUALS SINCE LAUNCHING SPARKPOINT OAKLAND IN 2009, AND 4,656 CLIENTS IN THE LAST YEAR ALONE. 28% OF OUR CLIENTS ARE SEEING PROGRESS ON THEIR INCOME, SAVINGS, CREDIT OR DEBT GOALS.

SPARKPOINT CENTERS OFFER AN ARRAY OF SERVICES IN ONE CONVENIENT LOCATION FOR A PERSON OR FAMILY TRYING TO MOVE OUT OF POVERTY, INCLUDING FINANCIAL COACHING ON BUDGETING AND SAVINGS, CREDIT AND DEBT MANAGEMENT, CAREER OR EDUCATION COUNSELING, SCREENING FOR PUBLIC BENEFITS, AND OTHERS. SPARKPOINT AIMS TO HAVE CLIENTS MOVE FROM POVERTY TO ECONOMIC SUCCESS BY (1) INCREASING INCOME; (2) REDUCING DEBT; (3)

4c (Code:) (Expenses \$ 2,462,786. including grants of \$ 1,643,525.) (Revenue \$ 0.)

LIKE UNITED WAYS AROUND THE COUNTRY, UWBA MANAGES THE LOCAL ACTIVITIES OF THE FEDERAL EMERGENCY FOOD AND SHELTER PROGRAM (EFSP), WHICH DISTRIBUTES FEDERAL FUNDS TO LOCAL PROGRAMS THAT FEED AND PROVIDE SHELTER TO PEOPLE IN NEED. IN FY18 UWBA DISTRIBUTED MORE THAN \$1.8 MILLION IN SEVEN COUNTIES TO AGENCIES THAT PROVIDED MORE THAN 1.2 MILLION MEALS AND OVER 69,000 SHELTER NIGHTS. IN ADDITION, OUR EMERGENCY ASSISTANCE NETWORK IN SANTA CLARA COUNTY WAS ABLE TO PROVIDE FINANCIAL ASSISTANCE TO 195 HOUSEHOLDS.

LABOR COMMUNITY SERVICES

THE LONG STANDING LABOR-UNITED WAY PARTNERSHIP COMBINES THE POWER OF MORE THAN 12.5 MILLION WORKING FAMILIES AND THEIR COMMUNITIES TOWARD A

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,169,499. including grants of \$ 100,000.) (Revenue \$ 0.)

4e Total program service expenses **▶ 31,440,506.**Form **990** (2017)

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 16		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 80		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	34			
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.				
b Enter the number of voting members included in line 1a, above, who are independent		34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
JOAN CATHERINE BRAUN - 415-808-4465
550 KEARNY ST, #1000, SAN FRANCISCO, CA 94108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLAIRE, KIWOBA DIRECTOR AT LARGE	0.10	X						0.	0.	0.
(2) BLAYLOCK, ADAM DIRECTOR AT LARGE	1.00	X						0.	0.	0.
(3) BRANCH, MICHELLE DIRECTOR AT LARGE	2.50	X						0.	0.	0.
(4) BREBER, PIERRE CHAIR, REG. IMPACT & GROWT	1.00	X						0.	0.	0.
(5) CERUSSI, RICHARD CHAIR, PUBLIC POLICY COMMI	0.50	X						0.	0.	0.
(6) DETWEILER, CHARMAINE TREASURER	2.50	X		X				0.	0.	0.
(7) DILLON, MICHAEL DIRECTOR AT LARGE (THRU 4/17/18)	0.30	X						0.	0.	0.
(8) EARLEY, JR., ANTHONY DIRECTOR AT LARGE	1.50	X						0.	0.	0.
(9) EBERTS, RALPH DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(10) ECKHARDT, MICHAEL DIRECTOR AT LARGE	0.50	X						0.	0.	0.
(11) FOLEY, JIM CHAIR, ENGAGEMENT COMMITTE	0.80	X						0.	0.	0.
(12) HEACOCK, DAVID ASSISTANT SECRETARY	2.00	X		X				0.	0.	0.
(13) HERBERT III, JAMES DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(14) JEROME, MICHAEL DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(15) JOHNSON, KEVIN DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(16) KO, AMY DIRECTOR AT LARGE	0.40	X						0.	0.	0.
(17) LANG, MATTHEW DIRECTOR AT LARGE (THRU 1/1/18)	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAYMON, JOE DIRECTOR AT LARGE	0.20	X						0.	0.	0.
(19) LEE, DANIEL DIRECTOR AT LARGE	2.00	X						0.	0.	0.
(20) LEIBOWITZ, TOM DIRECTOR AT LARGE	0.80	X						0.	0.	0.
(21) LICHTENSTEIN, NOAH DIRECTOR AT LARGE	0.50	X						0.	0.	0.
(22) LONGHURST, DAVID DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(23) MATUSZAK, GARY VICE CHAIR, AUDIT COMMITTEE	1.00	X						0.	0.	0.
(24) MILEY, SANDRA DIRECTOR AT LARGE (THRU 5/31/18)	0.30	X						0.	0.	0.
(25) MOK, ANNA CHAIR, GOVERNANCE COMMITTEE AND VICE	1.00	X						0.	0.	0.
(26) OLSON, JAMES SECRETARY	2.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,463,685.	0.	141,008.
d Total (add lines 1b and 1c)								1,463,685.	0.	141,008.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTERFACE CHILDREN FAMILY SERVICES, 4001 MISSION OAKS BLVD, SUITE 1, CAMARILLO, CA	PROGRAM CALL CENTER SERVICE	756,982.
LANEXPERT DBA INTIVIX, 605 MARKET STREET, SUITE 410,, SAN FRANCISCO, CA 94105	IT CONSULTING	181,912.
JAPANESE COMMUNITY COUNCIL 2012 PINE STREET, SAN FRANCISCO, CA 94115	CONSULTING	168,100.
MOSS ADAMS P.O. BOX 101822, PASADENA, CA 91189-1822	AUDIT/TAX EXPENSE	119,550.
NELSON STAFFING P.O. BOX 49195, SAN JOSE, CA 95116-9195	TEMPORARY STAFFING	117,460.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAULSON, TIMOTHY LABOR LIAISON	0.30	X						0.	0.	0.
(28) PEYTON, RONALD DIRECTOR AT LARGE	0.80	X						0.	0.	0.
(29) REMSTEDT, LAWRENCE DIRECTOR AT LARGE	0.50	X						0.	0.	0.
(30) RODRIGUEZ, RAUL DIRECTOR AT LARGE	0.80	X						0.	0.	0.
(31) ROGERS, MATT DIRECTOR AT LARGE	0.80	X						0.	0.	0.
(32) SUTHERLAND, SUSAN IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(33) TENNYSON, SHERRY DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(34) WALKER, LORETTA CHAIR (THRU 8/17/17)	0.10	X		X				0.	0.	0.
(35) WALKER, ROBERT DIRECTOR AT LARGE	0.80	X						0.	0.	0.
(36) WEINSTEIN, LAURIE DIRECTOR AT LARGE	0.30	X						0.	0.	0.
(37) WILHELM, JULIA DIRECTOR AT LARGE (THRU 1/16/18)	0.30	X						0.	0.	0.
(38) WOHL, JEFFREY GEN. COUNSEL & CHIEF ETHIC	1.00	X		X				0.	0.	0.
(39) WYMER, MICHELE DIRECTOR AT LARGE (THRU 5/31/18)	0.20	X						0.	0.	0.
(40) SUSAN SUTHERLAND CHAIR	0.10	X						0.	0.	0.
(41) WILSON, ANNE CHIEF EXECUTIVE OFFICER	50.00			X				362,635.	0.	-42,647.
(42) MCDONNELL, ERIC CHIEF OPERATING OFFICER (THRU 12/17)	55.00			X				264,862.	0.	31,061.
(43) BRAUN, JOAN CHIEF OPERATING OFFICER	55.00			X				224,313.	0.	49,061.
(44) HYDE, RANDY SENIOR VP, MARKETING	37.50				X			115,547.	0.	17,361.
(45) KUKOVIC, LIDIYA VP, CONTROLLER	37.50				X			122,338.	0.	27,886.
(46) SCHAUER, JOHN VP, INFORMATION TECHNOLOGY	37.50				X			129,474.	0.	35,751.
Total to Part VII, Section A, line 1c										

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,715,162.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,183,964.					
	g Noncash contributions included in lines 1a-1f: \$		409,354.					
	h Total. Add lines 1a-1f				35,899,126.			
Program Service Revenue	2 a PLEDGE PROCESSING FEES	Business Code 900099		470,069.	470,069.			
	b CONSULTING FEE INCOME	900099		62,289.	62,289.			
	c OFFICE SPACE RENTAL	900099		12,600.	12,600.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				544,958.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			319,432.			319,432.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		(i) Real	(ii) Personal					
		206,880.						
		b Less: rental expenses	0.					
		c Rental income or (loss)	206,880.					
d Net rental income or (loss)				206,880.			206,880.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		875,045.						
		b Less: cost or other basis and sales expenses	634,964.					
		c Gain or (loss)	240,081.					
d Net gain or (loss)				240,081.			240,081.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	55,596.					
		b Less: direct expenses	7,322.					
		c Net income or (loss) from fundraising events						
					48,274.			48,274.
9 a Gross income from gaming activities. See Part IV, line 19		a						
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				37,258,751.	544,958.	0.	814,667.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,037,786.	25,037,786.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	772,843.	160,250.	469,713.	142,880.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,881,476.	2,620,055.	1,151,413.	1,110,008.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	589,370.	268,736.	189,750.	130,884.
9 Other employee benefits	860,136.	448,382.	236,617.	175,137.
10 Payroll taxes	394,184.	193,220.	121,176.	79,788.
11 Fees for services (non-employees):				
a Management				
b Legal	122,015.		122,015.	
c Accounting	133,595.		133,595.	
d Lobbying	28,537.		28,537.	
e Professional fundraising services. See Part IV, line 17	83,888.			83,888.
f Investment management fees	69,356.		69,356.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,059,394.	882,827.	94,023.	82,544.
12 Advertising and promotion	488,460.	342,355.	56,827.	89,278.
13 Office expenses	681,221.	325,098.	220,986.	135,137.
14 Information technology				
15 Royalties				
16 Occupancy	1,238,410.	539,810.	404,343.	294,257.
17 Travel	134,295.	71,014.	22,416.	40,865.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	499,764.	261,968.	81,535.	156,261.
20 Interest				
21 Payments to affiliates	307,134.	135,416.	99,050.	72,668.
22 Depreciation, depletion, and amortization	278,250.	146,183.	75,909.	56,158.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAXES	7,188.		7,188.	
b				
c				
d				
e All other expenses	12,765.	7,406.	3,006.	2,353.
25 Total functional expenses. Add lines 1 through 24e	37,680,067.	31,440,506.	3,587,455.	2,652,106.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,613,595.	1	4,587,814.
	2 Savings and temporary cash investments	263,205.	2	869,751.
	3 Pledges and grants receivable, net	10,358,467.	3	8,853,673.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	225,151.	9	224,835.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,473,461.		
	b Less: accumulated depreciation	10b 1,923,918.	10c	549,543.
	11 Investments - publicly traded securities	13,640,720.	11	13,374,562.
	12 Investments - other securities. See Part IV, line 11	80,000.	12	160,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	239,414.	15	538,701.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,941,570.	16	29,158,879.	
Liabilities	17 Accounts payable and accrued expenses	5,657,198.	17	5,426,199.
	18 Grants payable	3,832,355.	18	3,479,724.
	19 Deferred revenue	618,143.	19	550,340.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,500,000.	23	2,400,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	12,607,696.	26	11,856,263.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,272,860.	27	6,619,701.
	28 Temporarily restricted net assets	5,165,939.	28	6,786,440.
	29 Permanently restricted net assets	3,895,075.	29	3,896,475.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,333,874.	33	17,302,616.
	34 Total liabilities and net assets/fund balances	28,941,570.	34	29,158,879.

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,258,751.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,680,067.
3	Revenue less expenses. Subtract line 2 from line 1	3	-421,316.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,333,874.
5	Net unrealized gains (losses) on investments	5	207,361.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,182,697.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,302,616.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2017)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36845784.	34157980.	33543169.	43336077.	35899126.	183782136
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	36845784.	34157980.	33543169.	43336077.	35899126.	183782136
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14238796.
6 Public support. Subtract line 5 from line 4.						169543340

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	36845784.	34157980.	33543169.	43336077.	35899126.	183782136
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	266,236.	276,771.	360,800.	413,999.	526,312.	1844118.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				33,449.	48,274.	81,723.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						185707977
12 Gross receipts from related activities, etc. (see instructions)					12	2,236,517.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	91.30	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	93.41	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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		\$ 778,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,133,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,767,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-1312348

Part II

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

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

Part III

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		8,662.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		19,875.													
c Total lobbying expenditures (add lines 1a and 1b)		28,537.													
d Other exempt purpose expenditures		34,999,424.													
e Total exempt purpose expenditures (add lines 1c and 1d)		35,027,961.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	42,087.	16,828.	46,117.	28,537.	133,569.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	11,124.	9,599.	9,717.	8,662.	39,102.

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection****Name of the organization**

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	27	0
2 Aggregate value of contributions to (during year)	1,108,927.	0.
3 Aggregate value of grants from (during year)	1,083,361.	0.
4 Aggregate value at end of year	99,435.	0.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,061,854.	4,648,599.	5,022,885.	5,254,646.	4,794,701.
b Contributions	1,400.	1,300.	1,400.	1,400.	1,000.
c Net investment earnings, gains, and losses	366,395.	630,428.	-150,974.	-12,314.	840,114.
d Grants or scholarships					
e Other expenditures for facilities and programs	197,406.	196,906.	199,384.	194,752.	360,534.
f Administrative expenses	23,492.	21,567.	20,867.	26,095.	20,635.
g End of year balance	5,208,751.	5,061,854.	4,653,060.	5,022,885.	5,254,646.

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

- a Board designated or quasi-endowment ▶ .00 %
 b Permanent endowment ▶ 74.81 %
 c Temporarily restricted endowment ▶ 25.19 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		579,411.	418,035.	161,376.
d Equipment		282,483.	257,937.	24,546.
e Other		1,611,567.	1,247,946.	363,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				549,543.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

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

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

1	Total revenue, gains, and other support per audited financial statements	1	18,567,150.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	207,361.
b	Donated services and use of facilities	2b	1,041,431.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,322.
e	Add lines 2a through 2d	2e	1,256,114.
3	Subtract line 2e from line 1	3	17,311,036.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,356.
b	Other (Describe in Part XIII.)	4b	19,878,359.
c	Add lines 4a and 4b	4c	19,947,715.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	37,258,751.

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

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

1	Total expenses and losses per audited financial statements	1	19,967,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,041,431.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,193,769.
e	Add lines 2a through 2d	2e	2,235,200.
3	Subtract line 2e from line 1	3	17,732,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,356.
b	Other (Describe in Part XIII.)	4b	19,878,359.
c	Add lines 4a and 4b	4c	19,947,715.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,680,067.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

UWBA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE ("IRC") AND SECTION 23701D OF THE CALIFORNIA REVENUE
AND TAXATION CODE EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE
INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. HOWEVER, AS A RESULT
OF THE PASSAGE OF THE TAX CUTS AND JOBS ACT AS OF JANUARY 1, 2018,
NONPROFIT EMPLOYERS HAVE TO PAY 21% UNRELATED BUSINESS INCOME TAX ON
TRANSPORTATION FRINGE BENEFITS (I.E. PARKING AND TRANSIT PASSES) PROVIDED

Part XIII Supplemental Information (continued)

TO EMPLOYEES. SINCE UWBA HAS IMMATERIAL UNRELATED BUSINESS TAXABLE INCOME,
NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL
STATEMENTS. UWBA HAS NO UNRECOGNIZED TAX BENEFITS OR UNCERTAIN TAX
POSITIONS AS OF JUNE 30, 2018 AND 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED FROM EXPENSES TO REVENUE 7,322.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 19,878,359.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED FROM EXPENSES TO REVENUE 7,322.

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COST 1,184,572.

UNCOLLECTIBLE PLEDGES 1,875.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,193,769.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 19,878,359.

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number
94-1312348

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRENZEBACH GLIER & ASSOCIATES INC - 200 S. MICHIGAN AVENUE,	MAJOR DONOR PROGRAM DESIGN		X	0.	83,888.	-83,888.
Total					83,888.	-83,888.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BAY TO BREAKERS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	55,596.			55,596.
	2 Less: Contributions	0.			
	3 Gross income (line 1 minus line 2)	55,596.			55,596.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,045.			6,045.
	8 Entertainment				
	9 Other direct expenses	1,277.			1,277.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,322.
11 Net income summary. Subtract line 10 from line 3, column (d)				48,274.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES INC

(I) ADDRESS OF FUNDRAISER:

200 S. MICHIGAN AVENUE, SUITE 2100, CHICAGO, IL 60604

Part IV	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1650 LOS GAMOS DRIVE, SUITE 110 SAN RAFAEL, CA 94903	95-3667812	501C3	5,114.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ADULT PROTECTIVE SERVICES SANTA CLARA CO - 333 W JULIAN STREET - SAN JOSE, CA 95110	94-6000533	501C3	5,166.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ADVENT LUTHERAN CHURCH MORGAN HILL PO BOX 607 MORGAN HILL, CA 95038	77-0011232	501C3	10,390.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AIDS LEGAL REFERRAL PANEL 1663 MISSION STREET, STE 500 SAN FRANCISCO, CA 94103	94-3111738	501C3	7,667.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ALISA ANN RUCH BURN FOUNDATION 4534 MISSION STREET, SUITE 5 SAN FRANCISCO, CA 94112	23-7162017	501C3	8,386.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ALL STARS HELPING KIDS INC. 4675 STEVENS CREEK BLVD, #125 SANTA CLARA, CA 95051	77-0325111	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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

218.

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

0.

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

Schedule I (Form 990) (2017)

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
AMERICAN CANCER SOCIETY SILICON VALLEY - 747 CAMDEN AVENUE, SUITE B - CAMPBELL, CA 95008	13-1788491	501C3	6,411.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN CANCER SOCIETY, INC. CALIFORNIA - 1001 MARINA VILLAGE PARKWAY, SUITE 300 - ALAMEDA, CA 94501	13-1788491	501C3	11,225.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	13-6213516	501C3	10,766.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN CONSERVATORY THEATER 30 GRANT AVENUE, 7TH FLOOR SAN FRANCISCO, CA 94108	94-6135772	501C3	8,820.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN HEART ASSOCIATION 816 S FIQUEROA STREET LOS ANGELES, CA 90017	13-5613797	501C3	13,313.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN RED CROSS, BAY AREA CHAPTER - 1663 MARKET STREET - SAN FRANCISCO, CA 94103	53-0196605	501C3	36,755.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICA'S BEST LOCAL CHARITIES 1100 LARKSPUR LANDING CIRCLE, STE 3 LARKSPUR, CA 94939	94-3042430	501C3	169,721.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ANNUNCIATION GREEK ORTHODOX CATHEDRAL - 245 VALENCIA STREET - SAN FRANCISCO, CA 94103		501C3	8,073.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ARC OF SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 94103	94-1415287	501C3	9,230.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF SAN FRANCISCO 1 PETER YORKE WAY SAN FRANCISCO, CA 94109	51-0219028	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASIAN AMERICAN FOR COMMUNITY INVOLVEMENT - 2400 MOORPARK AVENUE, #300 - SAN JOSE, CA 95128	94-2292491	501C3	18,136.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASIAN ART MUSEUM 200 LARKIN STREET SAN FRANCISCO, CA 94102	94-1704765	501C3	13,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AVALON ACADEMY 818 MAHLER ROAD BURLINGAME, CA 94010	20-1651912	501C3	12,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA DISCOVERY MUSEUM 557 MCREYNOLDS ROAD SAUSALITO, CA 94965	68-0033227	501C3	5,750.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	94-1679756	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BIG BROTHERS BIG SISTERS OF THE BAY AREA - 65 BATTERY STREET, 2ND FLOOR - SAN FRANCISCO, CA 94111	23-7108045	501C3	6,685.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BISHOP'S RANCH OF THE DIOCESE OF CALIF - 5297 WESTSIDE ROAD - HEALDSBURG, CA 95448	94-1156840	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOYS & GIRLS CLUB EL SOBRANTE PO BOX 20090 EL SOBRANTE, CA 94820	94-1525614	501C3	6,292.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OAKLAND PO BOX 23203 OAKLAND, CA 94623	94-1279794	501C3	5,929.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOYS & GIRLS CLUB SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501C3	8,554.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NW ATLANTA, GA 30309	13-5562976	501C3	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501C3	9,875.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BRIDGE THE GAP PO BOX 1390 SAUSALITO, CA 94965	91-1930327	501C3	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALGUNS FOUNDATION 4212 N. FREEWAY BLVD. STE 6 SACRAMENTO, CA 95834	26-2794094	501C3	5,128.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CALICO CENTER 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501C3	10,040.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CAMP TAYLOR 8224 W. GRAYSON ROAD MODESTO, CA 95358	04-3709177	501C3	14,359.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CANYON CREEK PRESBYTERIAN CHURCH 9015 S GALE RIDGE ROAD SAN RAMON, CA 94582	68-0152944	501C3	6,135.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 94518	94-3333365	501C3	28,069.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD, #200 - SAN JOSE, CA 95134	94-2762269	501C3	95,829.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501C3	7,318.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES SAN FRANCISCO, MARIN, - 990 EDDY STREET - SAN FRANCISCO, CA 94109	94-1498472	501C3	8,709.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN NOW 1404 FRANKLIN STREET, SUITE 700 OAKLAND, CA 94612	94-3059243	501C3	5,927.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS CREATIVITY MUSEUM 221 FOURTH STREET SAN FRANCISCO, CA 94103	94-3178735	501C3	19,750.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS DISCOVERY MUSEUM OF SAN JOSE - 180 WOZ WAY - SAN JOSE, CA 95110	94-2870828	501C3	38,022.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN'S TRUST FUND SANTA CLARA COUNTY - 373 W JULIAN STREET - SAN JOSE, CA 95110	94-6000533	501C3	11,628.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHINATOWN COMMUNITY CHILDREN'S CENTER - 979 CLAY STREET - SAN FRANCISCO, CA 94108	23-7126354	501C3	5,982.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF JESUS CHRIST LDS CORPORATION - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501C3	26,008.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CITY CHURCH OF SAN FRANCISCO PO BOX 641049 SAN FRANCISCO, CA 94164		501C3	6,875.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CITY TEAM MINISTRIES OF SAN FRANCISCO - 164 6TH STREET - SAN FRANCISCO, CA 94103	51-0163302	501C3	10,002.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CITYTEAM SAN JOSE 2306 ZANKER ROAD SAN JOSE, CA 95131	94-1501265	501C3	6,323.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMON SENSE MEDIA 650 TOWNSEND STREET, SUITE 435 SAN FRANCISCO, CA 94103	41-2024986	501C3	12,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY HEALTH CHARITIES OF CALIFORNIA - 1199 N. FAIRFAX ST. STE. 600 - ALEXANDRIA, VA 22314	13-6167225	501C3	148,637.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMPASS FAMILY SERVICES 49 POWELL STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501C3	25,755.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST SAN RAFAEL, CA 94901	94-2831592	501C3	6,750.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DE LA SALLE HIGH SCHOOL 1130 WINTON DR (DEVELPMNT OFC) CONCORD, CA 94518	68-0311262	501C3	9,277.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS HEADQUARTER - 333 7TH AVENUE, 2ND FLOOR - NEW YORK, NY 10016	13-3433452	501C3	5,727.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EARTHSHARE CALIFORNIA 870 MARKET STREET, SUITE 703 SAN FRANCISCO, CA 94102	94-2840364	501C3	37,478.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EAST BAY COMMUNITY LAW CENTER 2921 ADELINE STREET BERKELEY, CA 94703	94-3042565	501C3	7,511.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EDGEWOOD CENTER FOR CHILDREN & FAMILIES - 1801 VICENTE STREET - SAN FRANCISCO, CA 94116	94-1186168	501C3	27,566.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EDUCATIONAL FOUNDATION OF ORINDA 21 'C' ORINDA WAY #123 ORINDA, CA 94563	94-2623617	501C3	8,741.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FAMILY GIVING TREE 606 VALLEY WAY MILPITAS, CA 95035	77-0284682	501C3	7,289.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FAMILY HOUSE- SAN FRANCISCO 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158	94-2722663	501C3	25,884.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRE ASSOCIATES OF SANTA CLARA VALLEY - P.O. BOX 494 - CAMPBELL, CA 95009	23-7087975	501C3	16,302.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FIRST HEBREW CONGREGATION OF OAKLAND - 2808 SUMMIT STREET - OAKLAND, CA 94609		501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PLACE FOR YOUTH 426 17TH STREET OAKLAND, CA 94612	94-3341034	501C3	9,019.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOOD BANK OF CONTRA COSTA & SOLANO PO BOX 6324 CONCORD, CA 94524	94-2418054	501C3	67,351.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOUNDATION OF CITY COLLEGE SAN FRANCISCO - P.O. BOX 40488 - SAN FRANCISCO, CA 94140	94-1682567	501C3	13,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FRESH LIFELINES FOR YOUTH/FLY 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501C3	7,874.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GIRLS INC OF ALAMEDA COUNTY 510 - 16TH STREET OAKLAND, CA 94612	94-1558073	501C3	8,304.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GLOBAL IMPACT 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314	52-1273585	501C3	48,940.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GRATTAN ELEMENTARY SCHOOL PTA 165 GRATTAN STREET SAN FRANCISCO, CA 94111	94-2967138	501C3	5,300.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HABITAT FOR HUMANITY EAST BAY/SILICON - 2619 BROADWAY #205 - OAKLAND, CA 94612	94-3053687	501C3	13,582.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HAMILTON FAMILIES 1631 HAYES STREET SAN FRANCISCO, CA 94117	94-3055602	501C3	35,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD LAW SCHOOL FUND 125 MOUNT AUBURN ST, 4TH FLOOR CAMBRIDGE, MA 02138	04-2103580	501C3	5,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HOSPICE OF THE VALLEY 4850 UNION AVENUE SAN JOSE, CA 95124	94-2788907	501C3	5,871.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501C3	5,850.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	94-1196215	501C3	6,970.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH COMMUNITY FEDERATION 121 STEUART STREET, 7TH FLOOR SAN FRANCISCO, CA 94105	94-1156533	501C3	9,056.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH FAMILY & COMMUNITY SERVICES 2484 SHATTUCK AVE #210 BERKELEY, CA 94704	94-3250304	501C3	5,340.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JF KAPNEK CHARITABLE TRUST 936 DEWING AVENUE, SUITE E3 LAFAYETTE, CA 94549	23-7165692	501C3	40,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JUBILEE CHRISTIAN CENTER 175 NORTECH PARKWAY SAN JOSE, CA 95134	77-0195311	501C3	19,965.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

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JUNIOR ACHIEVEMENT NORTHERN CALIFORNIA - 3003 OAK ROAD, SUITE 109 - WALNUT CREEK, CA 94597	94-1322179	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JUSTICE & DIVERSITY CENTER OF THE BAR - 301 BATTERY STREET, THIRD FLOOR - SAN FRANCISCO, CA 94111	94-2931349	501C3	5,074.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KEEN SAN FRANCISCO PO BOX 191321 SAN FRANCISCO, CA 94119	20-5458028	501C3	5,140.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KIPP BAY AREA SCHOOLS 1404 FRANKLIN STREET, SUITE 500 OAKLAND, CA 94612	20-5010766	501C3	14,919.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
K-LOVE AND AIR1 CHRISTIAN RADIO 5700 W OAKS BLVD ROCKLIN, CA 95765	94-2816342	501C3	5,701.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501C3	5,148.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LA CASA DE LAS MADRES 1663 MISSION STREET, SUITE 225 SAN FRANCISCO, CA 94103	94-2330864	501C3	10,392.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LA CLINICA DE LA RAZA PO BOX 17054 OAKLAND, CA 94601	94-1744108	501C3	7,260.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LARKIN STREET YOUTH SERVICES 701 SUTTER STREET, SUITE 2 SAN FRANCISCO, CA 94109	94-2917999	501C3	11,212.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAW CENTER TO PREVENT GUN VIOLENCE 268 BUSH STREET #555 SAN FRANCISCO, CA 94104	94-3324402	501C3	6,595.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LAWYERS COMMITTEE FOR CIVIL RIGHTS- SF - 131 STEUART ST, STE 400 - SAN FRANCISCO, CA 94105	94-2581415	501C3	47,150.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LEGAL AID AT WORK 180 MONTGOMERY STREET, SUITE 600 SAN FRANCISCO, CA 94104	94-2783401	501C3	15,908.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501C3	6,338.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOAVES & FISHES FAMILY KITCHEN SAN JOSE - 1534 BERGER DRIVE - SAN JOSE, CA 95112	77-0370874	501C3	8,913.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LOYOLA UNIVERSITY NEW ORLEANS 6363 SAINT CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501C3	9,533.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MAKE A WISH FOUNDATION GREATER BAY AREA - 55 HAWTHORNE STREET #800 - SAN FRANCISCO, CA 94105	94-2958481	501C3	16,728.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MAPSTORY FOUNDATION 400 YALE DRIVE ALEXANDRIA, VA 22314	27-0784209	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MARIN ACADEMY 1600 MISSION AVE SAN RAFAEL, CA 94901	94-1186189	501C3	20,000.	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.)

(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
MARIN FOOD BANK 75 DIGITAL DR NOVATO, CA 94949	94-3041517	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MEALS ON WHEELS OF SOLANO CO 95 MARINA CENTER SUISUN CITY, CA 94585	94-2453452	501C3	5,214.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MICHAEL J. FOX FOUNDATION CHURCH STREET STATION NEW YORK, NY 10163	13-4141945	501C3	7,518.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501C3	5,753.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MIRAMONTE HIGH SCHOOL BOOSTER CLUB 750 MORAGA WAY ORINDA, CA 94563		501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MIT SLOAN SCHOOL OF MANAGEMENT 77 MASSACHUSETTS AVE, E60-300 CAMBRIDGE, MA 02139		501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH ST NEW YORK, NY 10011	13-2654926	501C3	5,071.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, #200 - SAN JOSE, CA 95112	94-2420708	501C3	6,131.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OAK HILLS BAPTIST CHURCH 1100 BLUE RAVINE RD FOLSOM, CA 95630	68-0083157	501C3	22,954.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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OAKLAND MUSEUM OF CALIFORNIA FOUNDATION - 1000 OAK STREET, DEVELOPMENT - OAKLAND, CA 94607	94-3094513	501C3	20,520.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OFFICE OF SUPPORTIVE HOUSING 3180 NEWBERRY DRIVE, SUITE 150 SAN JOSE, CA 95118	94-6000533	501C3	5,060.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OKLAHOMA STATE UNIVERSITY FOUNDATION - PO BOX 258818 - OKLAHOMA CITY, OK 73125	73-6097060	501C3	9,033.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ONEJUSTICE 433 CALIFORNIA STREET, SUITE 815 SAN FRANCISCO, CA 94104	94-2589423	501C3	13,280.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994	501C3	16,319.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PLANNED PARENTHOOD FEDERATION 123 WILLIAM STREET, 10TH FLOOR NEW YORK, NY 10038	13-1644147	501C3	8,065.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
RANCHO ROMERO EDUCATION FUND 180 HEMME AVENUE ALAMO, CA 94507	91-1796297	501C3	6,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
REDLANDS COMMUNITY FOUNDATION PO BOX 8908 REDLANDS, CA 92375	91-2143250	501C3	7,650.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
REDWOOD CREDIT UNION COMMUNITY FUND - P.O. BOX 6104 - SANTA ROSA, CA 95406	47-5084832	501C3	5,630.	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.)

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SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501C3	209,093.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO ASSOCIATION OF REALTORS - 301 GROVE STREET - SAN FRANCISCO, CA 94102	94-3158665	501C3	6,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO SPCA 201 ALABAMA STREET SAN FRANCISCO, CA 94103	94-0836580	501C3	5,600.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SANTA CATALINA SCHOOL FDN 1500 MARK THOMAS DRIVE MONTEREY, CA 93940	94-1156652	501C3	5,025.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SANTA CLARA COUNTY ANIMAL SHELTER 1555 BERGER DRIVE SAN JOSE, CA 95112	94-6000533	501C3	33,587.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SANTA CLARA COUNTY MEALS ON WHEELS 333 WEST JULIAN STREET SAN JOSE, CA 95110	94-6000533	501C3	14,645.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SANTA CLARA SWIM CLUB 2625 PATRICIA DRIVE SANTA CLARA, CA 95051	94-1432138	501C3	13,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAVE THE CHILDREN 501 KINGS HWY E, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501C3	8,252.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SCHWAB FUND FOR CHARITABLE GIVING P.O. BOX 628298 ORLANDO, FL 32862	31-1640316	501C3	305,512.	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.)

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SECOND HARVEST FOOD BANK-SANTA CLARA & SAN MATEO - 750 CURTNER AVENUE - SAN JOSE, CA 95125	94-2614101	501C3	46,952.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SELF HELP FOR THE ELDERLY 731 SANSOME STREET, SUITE 100 SAN FRANCISCO, CA 94111	94-1750717	501C3	10,599.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SHELTER INC PO BOX 5368 CONCORD, CA 94524	68-0117241	501C3	9,144.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SHEN YUN PERFORMING ARTS 140 GALLEY HILL ROAD CUDDEBACKVILLE, NY 12729	20-8812402	501C3	8,824.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501C3	5,328.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SILICON VALLEY CREATES 38 W. SANTA CLARA ST. SAN JOSE, CA 95113	94-2825213	501C3	11,208.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SMILE TRAIN INC 41 MADISON AVENUE, #28TH FLOOR NEW YORK, NY 10010	13-3661416	501C3	8,767.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SPCA OF SOLANO COUNTY PO BOX 356 VACAVILLE, CA 95696	94-2607843	501C3	7,054.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SPECIAL NEEDS CHILDREN CENTER INC 40087 MISSION BLVD, SUITE 204 FREMONT, CA 94539	20-4628298	501C3	6,767.	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.)

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ST DOMINICS CATHOLIC CHURCH 2390 BUSH STREET SAN FRANCISCO, CA 94115		501C3	10,813.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST JOSEPH BASILICA 1109 CHESTNUT ALAMEDA, CA 94501		501C3	5,092.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST MARY CATHOLIC CHURCH 2051 MT DIABLO BLVD WALNUT CREEK, CA 94596		501C3	7,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST MARY-VIRGIN EPISCOPAL CHURCH 2325 UNION STREET SAN FRANCISCO, CA 94123		501C3	14,200.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST STEPHENS EPISCOPAL CHURCH-ORINDA - 66 ST STEPHENS DRIVE - ORINDA, CA 94563	94-1399270	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501C3	13,882.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	24,045.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
STANFORD GRADUATE SCHOOL OF BUSINESS - 326 GALVEZ - PALO ALTO, CA 94305	94-1156365	501C3	10,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501C3	24,734.	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.)

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SUMMER SEARCH 101 HOWARD STREET, SUITE 250 SAN FRANCISCO, CA 94105	68-0200138	501C3	5,257.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501C3	54,381.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE FATHERS HOUSE 126 PEABODY ROAD VACAVILLE, CA 95687	68-0408159	501C3	8,290.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE TABLE AT CENTRAL UMC 5265 H STREET SACRAMENTO, CA 95819	68-0003355	501C3	15,379.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TRI VALLEY HAVEN FOR WOMEN, INC. PO BOX 2190 LIVERMORE, CA 94551	94-2462357	501C3	5,184.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TRIPS FOR KIDS MARIN 610 4TH STREET SAN RAFAEL, CA 94901	68-0159458	501C3	7,358.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UC REGENTS/UC BERKELEY 2080 ADDISON STREET #4200 BERKELEY, CA 94720	94-6002123	501C3	8,002.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UCSF BENIOFF CHILDRENS HOSPITAL FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-1657474	501C3	7,683.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UCSF FOUNDATION BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501C3	5,284.	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.)

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UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501C3	21,838.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	94-1322169	501C3	22,132.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF GREATER UNION COUNTY 33 W GRAND STREET ELIZABETH, NJ 07202	22-1904427	501C3	6,960.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF METROPOLITAN CHICAGO 333 S WABASH, 30TH FLOOR CHICAGO, IL 60604	30-0200478	501C3	9,175.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, SUITE 300 SALT LAKE CITY, UT 84111	87-0227091	501C3	7,532.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646	501C3	40,430.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY OLMSTED COUNTY 903 W CENTER ST RM 100 ROCHESTER, MN 55902	41-0695594	501C3	13,103.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY SANTA CRUZ P.O. BOX 1458 CAPITOLA, CA 95010	94-1422471	501C3	9,120.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY WORLDWIDE HURRICANE HARVEY - P.O. BOX 418607 - BOSTON, MA 02241	13-1635294	501C3	9,727.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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UNITED WAY WORLDWIDE HURRICANE IRMA & MARIA - P.O. BOX 418607 - BOSTON, MA 02241	13-1635294	501C3	10,041.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITY PALO ALTO 3391 MIDDLEFIELD ROAD PALO ALTO, CA 94306	94-6091915	501C3	5,843.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNIVERSITY OF SOUTHERN CALIFORNIA PO BOX 80354 LOS ANGELES, CA 90080	95-1642394	501C3	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE ST SAN FRANCISCO, CA 94117	94-1622034	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
USA CYCLING, INC. 210 USA CYCLING POINT, SUITE 100 COLORADO SPRINGS, CO 80919	84-1284437	501C3	14,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 3075 - SOUTHEASTERN, PA 19398	23-2888152	501C3	84,480.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VMC FOUNDATION 2400 CLOVE DRIVE SAN JOSE, CA 95128	77-0187890	501C3	52,114.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WASHINGTON UNIVERSITY SCHOOL OF LAW - ONE BROOKINGS DRIVE, CAMPUS BOX 1082 - SAINT LOUIS, MO 63130	43-0653611	501C3	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WESTERN CENTER ON LAW & POVERTY 3701 WILSHIRE BLVD, STE 208 LOS ANGELES, CA 90010	95-2897721	501C3	8,910.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

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WOODSIDE SCHOOL FOUNDATION 3195 WOODSIDE ROAD WOODSIDE, CA 94062	94-2928552	501C3	12,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	20-2370934	501C3	18,413.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
YALE LAW SCHOOL FUND PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
YALE UNIVERSITY PO BOX 2038/DEVELOPMENT OFFICE NEW HAVEN, CT 06521	06-0646973	501C3	10,083.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	94-0997140	501C3	59,108.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ALAMEDA COUNTY SOCIAL SERVICES AGENCY - 2000 SAN PABLO AVE - OAKLAND, CA 94612	94-6000501	501C3	9,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
BAY AREA COMMUNITY RESOURCES CHALK 271 AUSTIN ST SAN FRANCISCO, CA 94109	94-3243115	501C3	47,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1633136	501C3	66,515.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT DBA TRI-VALLEY ONE-STOP CAREER CEN - 6300 VILLAGE PARKWAY SUITE #100 - DUBLIN, CA	23-7074515	501C3	6,600.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

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CHILDREN'S NETWORK OF SOLANO COUNTY - 2320 COURAGE DR., #107 - FAIRFIELD, CA 94533	68-0014506	501C3	266,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, SUITE 104 SAN FRANCISCO, CA 94134	94-2152893	501C3	16,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COMMUNITY ACTION MARIN 29 MARY STREET SAN RAFAEL, CA 94901	94-6136365	501C3	221,550.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COMMUNITY CHILD CARE COORDINATING COUNCIL (4CS) OF ALAMEDA COUNTY - 22351 CITY CENTER DR., STE. 100 - HAYWARD, CA 94541	23-7218859	501C3	6,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
COMMUNITY SERVICES AGENCY, MOUNTAIN VIEW - 204 STIERLIN RD - MOUNTAIN VIEW, CA 94043	94-1422465	501C3	46,000.	0.			PROGRAM GRANT TO SUPPORT EMERGENCY ASSISTANCE NETWORK
COMMUNITY YOUTH CENTER OF SF 1038 POST STREET SAN FRANCISCO, CA 94109	94-1728818	501C3	37,500.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
CONTRA COSTA CRISIS CENTER 307 LENNON LANE WALNUT CREEK, CA 94598	94-1747227	501C3	65,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
DAN WILLIAMS FOUNDATION INC. 269S BEVERLY DRIVE, #338 BEVERLY HILLS, CA 90212	81-0746498	501C3	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
DRIVING FORCE GROUP, INC. (TORREY SMITH FAMILY FUND) - 1109 PARK STREET NW - WASHINGTON, DC 20002	45-4641567	501C3	50,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES

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EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION - 1825 SAN PABLO AVENUE, SUITE 200 - OAKLAND, CA 94612	51-0171851	501C3	292,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
EDEN I AND R INC 570 B STREET HAYWARD, CA 94541	94-2339050	501C3	56,000.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
FOOTHILL DEANZA COMMUNITY COLLEGE 12345 EL MONTE DRIVE LOS ALTOS, CA 94022	94-1597718	501C3	46,667.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
FREMONT FAMILY RESOURCE CENTER CORPORATION - 39155 LIBERTY STREET SUITE A110 PO BOX 5006 - FREMONT, CA 94537	94-3333831	501C3	89,900.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
GREATER NAPA FAIR HOUSING CENTER 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	42-1576121	501C3	37,500.	0.			PROGRAM GRANT TO SUPPORT NAPA WILDFIRE RELIEF FUND
JAPANESE COMMUNITY YOUTH COUNCIL 2012 PINE ST SAN FRANCISCO, CA 94115	23-7092514	501C3	168,100.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
JEWISH VOCATIONAL SERVICES (JVS) 225 BUSH ST SAN FRANCISCO, CA 94104	94-2213100	501C3	10,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
KIDS IN COMMON (A PROGRAM OF EL MONTE PLANNED PARENTHOOD) - 1691 THE ALAMEDA - SAN JOSE, CA 95126	94-1583439	501C3	41,667.	0.			PROGRAM GRANT TO SUPPORT OTHER COMMUNITY SERVICES
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 1551 23RD AVE - OAKLAND, CA 94606	94-3115164	501C3	7,800.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARKIN STREET YOUTH SERVICES 701 SUTTER STREET, SUITE 2 SAN FRANCISCO, CA 94109	94-2917999	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501C3	140,025.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
NAPA EMERGENCY WOMENS SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94558	94-2745889	501C3	20,000.	0.			PROGRAM GRANT TO SUPPORT NAPA WILDFIRE RELIEF FUND
NEW DOOR VENTURES 3221 20TH ST SAN FRANCISCO, CA 94110	94-2780274	501C3	25,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
NORTHEAST COMMUNITY FEDERAL CREDIT UNION - 683 CLAY STREET - SAN FRANCISCO, CA 94111	94-2891498	501C3	9,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94559	75-3149095	501C3	81,350.	0.			PROGRAM GRANT TO SUPPORT NAPA WILDFIRE RELIEF FUND
REDWOOD CITY SCHOOL DISTRICT 750 BRADFORD STREET REDWOOD CITY, CA 94063	94-3034018	501C3	79,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
RICHMOND COMMUNITY FOUNDATION 1014 FLORIDA AVENUE, SUITE 200 RICHMOND, CA 94804	94-3337754	501C3	710,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SAN ANTONIO CDC 2228 E15TH STREET OAKLAND, CA 94606	94-2675448	501C3	12,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE EVERGREEN COMMUNITY COLLEGE DISTRICT - 40 SOUTH MARKET STREET - SAN JOSE, CA 95113	77-0100756	501C3	33,222.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501C3	8,400.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC. - 1900 FRUITVALE AVE - OAKLAND, CA 94601	94-1670490	501C3	6,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
ST. JOSEPHS 7950 CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775	501C3	46,000.	0.			PROGRAM GRANT TO SUPPORT EMERGENCY ASSISTANCE NETWORK
SUCCESS CENTER SAN FRANCISCO 375 WOODSIDE AVE., BLDG W-2 SAN FRANCISCO, CA 94127	94-2844443	501C3	57,500.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
T&B CONSULTANTS DBA LIFE ONTRAK 69 LINCOLN BLVD. #A216 LINCOLN, CA 95648	45-3608301	501C3	18,360.	0.			PROGRAM GRANT TO SUPPORT EMERGENCY ASSISTANCE NETWORK
THE SALVATION ARMY 359 NORTH 4TH STREET SAN JOSE, CA 95112	94-1156347	501C3	95,000.	0.			PROGRAM GRANT TO SUPPORT EMERGENCY ASSISTANCE NETWORK
THE SAN FRANCISCO WOMEN'S CENTERS INC - 3543 18TH STREET - SAN FRANCISCO, CA 94110	94-1730620	501C3	6,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
THE STRIDE CENTER 1212 BROADWAY - SUITE #400 OAKLAND, CA 94612	94-3333571	501C3	32,500.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING ST. - SAINT HELENA, CA 94574	80-0023012	501C3	34,000.	0.			PROGRAM GRANT TO SUPPORT ECONOMIC SUCCESS SERVICES
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685	501C3	117,667.	0.			PROGRAM GRANT TO SUPPORT EMERGENCY ASSISTANCE NETWORK
YOUNG COMMUNITY DEVELOPERS, INC 1715 YOSEMITE AVENUE SAN FRANCISCO, CA 94124	94-2187776	501C3	37,500.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
YOUTH EMPLOYMENT PARTERSHIP 2300 INTERNATIONAL BLVD OAKLAND, CA 94601	94-2517075	501C3	37,500.	0.			PROGRAM GRANT TO SUPPORT JOBS+ SERVICES
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501C3	61,000.	0.			PROGRAM GRANT TO SUPPORT EMERGENCY ASSISTANCE NETWORK

Part III**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

FUNDING ALLOCATED TO AGENCIES AS DIRECTED BY DONORS:

UNITED WAY OF THE BAY AREA RESPONSIBLY FULFILLS DONOR INTENT, INCLUDING

REQUESTS TO FUND SPECIFIC NONPROFITS THAT MEET THE IRS QUALIFICATIONS OF A

TAX EXEMPT CHARITABLE ORGANIZATION UNDER SECTION 170(C). ELIGIBLE

ORGANIZATIONS ARE ALSO REQUIRED TO BE IN COMPLIANCE WITH THE SPIRIT AND

INTENT OF THE USA PATRIOT ACT AND OTHER COUNTER TERRORISM LAWS.

ALLOCATIONS AND RE-GRANTS TO PARTNERS:

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2017

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Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILSON, ANNE CHIEF EXECUTIVE OFFICER	(i)	350,539.	0.	12,096.	-90,801.	48,154.	319,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MCDONNELL, ERIC CHIEF OPERATING OFFICER (THRU 12/17)	(i)	263,502.	51.	1,309.	12,745.	18,316.	295,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRAUN, JOAN CHIEF OPERATING OFFICER	(i)	217,442.	51.	6,820.	16,554.	32,507.	273,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KUKOVIC, LIDIYA VP, CONTROLLER	(i)	115,049.	54.	7,235.	9,483.	18,403.	150,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCHAUER, JOHN VP, INFORMATION TECHNOLOGY	(i)	123,735.	54.	5,685.	7,846.	27,905.	165,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART II, COLUMN C:

THE IRS DEFINES OTHER COMPENSATION, AS REPORTED ON SCHEDULE J TO INCLUDE THE ANNUAL INCREASE IN THE ACTUARIAL VALUE OF A DEFINED BENEFIT PLAN. THREE CURRENT DIRECTORS, OFFICERS OR KEY EMPLOYEES WERE PART OF THE DEFINED BENEFITS PLAN: THE CEO, COO, AND VP, IT. FOR UWBA'S PURPOSES, BOTH THE COMPANY PORTION OF THE CEO'S 401K EXPENSES \$21,600 AS WELL AS THE ANNUAL ACTUARIAL DECREASE IN VALUE OF THE NOW FROZEN DEFINED BENEFIT PLAN (\$ 223,401), HAVE BEEN INCLUDED TO ARRIVE AT NET DECREASE OF (\$ 90,801).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

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

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	407,451.	PROCEEDS FROM SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CREDIT CARDS)	X	1	1,403.	FMV
26 Other ▶ (TV)	X	1	499.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

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

29

0

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2017

Part II

Supplemental Information.

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

SCHEDULE 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.

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

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2017

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Name of the organization

UNITED WAY OF THE BAY AREA

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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:

INCREASING CREDIT SCORES; AND (4) INCREASING SAVINGS. THE SPARKPOINT

REGIONAL NETWORK INCLUDES MORE THAN 75 OUTSTANDING PARTNER

ORGANIZATIONS ACROSS THE BAY AREA.

SPARKPOINT HAS EXPANDED WORK INTO COMMUNITY COLLEGES AND COMMUNITY

SCHOOLS. IN FACT, SPARKPOINT IN SAN MATEO COUNTY HAS EXPANDED TO THE

COMMUNITY COLLEGE DISTRICT LEVEL AND NOW ALL 3 COLLEGES WILL HAVE A

SPARKPOINT IN THE NEXT YEAR. SPARKPOINT IN COMMUNITY SCHOOLS TAKES A

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

FINANCIAL STABILITY OF PARENTS WHILE ENSURING THAT CHILDREN ARE HEALTHY

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

ENTIRE FAMILIES CAN SUCCEED - NOW AND FAR INTO THE FUTURE.

SPARKPOINT ALSO RECOGNIZES THAT A GOOD EDUCATION, MARKETABLE SKILLS,

AND A GOOD JOB ARE NEEDED TO LIFT SOMEONE OUT OF POVERTY. THROUGH THE

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

EXPANSION INTO COMMUNITY COLLEGES, CENTERS ALIGN THEIR STRONGEST PROGRAMMATIC ASSETS TO IMPROVE THE SCHOOL TO CAREER PATHWAY FOR LOW-INCOME STUDENTS. THEY ENSURE THAT STUDENTS KNOW MORE ABOUT AVAILABLE CAREER AND EDUCATION OPTIONS, INCLUDING POST-SECONDARY JOB TRAINING AND CERTIFICATE AND DEGREE PROGRAMS. SPARKPOINT ENSURES THAT STUDENTS START AND REMAIN ON A PATH TOWARD A GOOD JOB THROUGH WRAP AROUND SUPPORT SERVICES. UWBA'S STRONG RELATIONSHIPS WITH MAJOR EMPLOYERS ACROSS VARIOUS SECTORS, PROVIDE STUDENTS WITH ACCESS TO WORK BASED LEARNING OPPORTUNITIES AND JOBS.

FY18 HIGHLIGHTS INCLUDE:

- 221 CLIENTS ACHIEVED SELF-SUFFICIENT INCOME
- 1,330 CLIENTS ARE MAKING PROGRESS TOWARD ONE ELEMENT OF FINANCIAL PROSPERITY: SELF-SUFFICIENT INCOME, 3 MONTHS SAVINGS, 700 CREDIT SCORE, NO REVOLVING DEBT
- THERE ARE 21 LOCATIONS THROUGHOUT OUR 8 COUNTIES

EARN IT! KEEP IT! SAVE IT! (EKS) IS A UWBA-LED COALITION OF PARTNERS THAT PREPARES TAX RETURNS FOR FREE, ENSURING LOW- TO MODERATE-INCOME FAMILIES GET THE REFUNDS AND CREDITS FOR WHICH THEY ARE ELIGIBLE. DURING THE 2018 TAX SEASON, 2,702 VOLUNTEERS PREPARED MORE THAN 78,014 RETURNS AND BROUGHT BACK OVER \$81.9 MILLION IN REFUNDS. ADDITIONALLY, \$22.7 MILLION OF THOSE REFUNDS WAS IN EARNED INCOME TAX CREDIT (EITC). EITC GOES TO THE POOREST, MOST VULNERABLE BAY AREA HOUSEHOLDS AND HAS BEEN IDENTIFIED BY POVERTY-FIGHTING EXPERTS AS ONE OF THE MOST EFFECTIVE PROGRAMS NATIONALLY, LIFTING MILLIONS OF PEOPLE ABOVE THE FEDERAL POVERTY LEVEL EVERY YEAR. FAMILIES USE THEIR REFUNDS PRIMARILY TO PAY BILLS, RENT, AND TO BUY FOOD OR CLOTHES. THROUGH ITS TAX

Name of the organization

UNITED WAY OF THE BAY AREA

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PREPARATION EFFORTS, EKS PROVIDES RESOURCES TO MEET BASIC NEEDS, WHICH IS CRITICAL TO ENDING THE CYCLE OF POVERTY IN THE BAY AREA. EKS HAS 228 LOCATIONS IN EIGHT COUNTIES. IN ADDITION TO PREPARING TAX RETURNS, EKS USES THE PROGRAM VISIT AS A MOMENT TO OFFER LOW-INCOME FAMILIES THE OPPORTUNITY TO INCREASE THEIR SAVINGS.

YOUTH WORKFORCE

UNITED WAY'S YOUTH WORKFORCE PROGRAM HELPS PREPARE LOW-INCOME YOUTH AND YOUNG ADULTS (AGE 16-24) TO BECOME THE 21ST CENTURY WORKFORCE FOR EMPLOYERS IN SAN FRANCISCO AND ACROSS THE BAY AREA. CONNECTING BUSINESS, GOVERNMENT, SCHOOLS, NONPROFITS AND YOUTH, THE MAYOR'S YOUTH JOBS+ (MYJ+) HELPS YOUNG PEOPLE GET JOB TRAINING AND WORK EXPERIENCE, EXPLORE CAREER PATHS, AND BECOME MOTIVATED TO FINISH HIGH SCHOOL AND GO ON TO COLLEGE OR POSTSECONDARY TRAINING. MYJ+ IS A PARTNERSHIP WITH SAN FRANCISCO MAYOR'S OFFICE, SFUSD, OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT, THE DEPARTMENT FOR CHILDREN, YOUTH AND THEIR FAMILIES, COMMUNITY PARTNERS AND EMPLOYERS. SINCE ITS INCEPTION AS SUMMER JOBS+ IN 2012, THE INITIATIVE HAS SERVED OVER 30,000 YOUTH IN SAN FRANCISCO WITH A YEAR-ROUND EFFORT. LAST YEAR, 7,332 YOUTH WERE SERVED A PART OF THE MAYOR'S YOUTH JOBS+ IN SAN FRANCISCO ALONE. WITHIN THE NEXT SEVERAL YEARS, MYJ+ EXPECTS TO EXPAND INTO MORE OF OUR COUNTIES SERVED BY UNITED WAY OF THE BAY AREA.

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

SHARED VISION WHERE ALL HAVE THE OPPORTUNITY TO REACH THEIR HIGHEST POTENTIAL. LOCALLY, UWBA'S LABOR COMMUNITY SERVICES PROGRAM CONTINUED ITS ESSENTIAL ROLE OF ASSISTING PEOPLE IN POVERTY THROUGH DIRECT PROVISION OF COMMUNITY SERVICES AND POLICY ADVOCACY. IN FY18, OUR LABOR

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

LIAISONS IN TWO COUNTIES (SAN MATEO AND SAN FRANCISCO) HELPED 412 BAY AREA FAMILIES RECEIVE DIRECT HARDSHIP ASSISTANCE AND REFERRALS TO HOUSING, HEALTH, UTILITIES, JOB ACCESS ISSUES, AND OTHER EMERGENCIES. THE LIAISONS ALSO WORKED CLOSELY WITH UNITED WAY'S OTHER PROGRAMS, HELPING TO REFER POTENTIAL CLIENTS TO EKS, 211 AND SPARKPOINT. THEY FOCUSED ON KEY ISSUES SUCH AS STRENGTHENING THE SAFETY NET FOR IMMIGRANT FAMILIES AND RAISING THE MINIMUM WAGE.

PUBLIC POLICY-

UNITED WAY BAY AREA RECOGNIZES THAT IN ORDER TO ACHIEVE OUR GOAL OF ENDING THE CYCLE OF POVERTY IN OUR COMMUNITY, WE MUST ADVANCE PUBLIC POLICIES THAT SUPPORT OUR MISSION. UWBA'S PUBLIC POLICY TEAM INFLUENCES POLICY AND ENGAGES IN ADVOCACY AT ALL LEVELS OF GOVERNMENT. OUR PRIMARY POLICY FOCUS IS TARGETED AT THE LOCAL LEVEL IN OUR EIGHT-COUNTY SERVICE AREA (ALAMEDA, CONTRA COSTA, MARIN, NAPA, SAN FRANCISCO, SANTA CLARA, SAN MATEO, AND SOLANO). IN ADDITION, WE PROVIDE ADVOCACY SUPPORT TO STATE AND FEDERAL ISSUES IMPORTANT TO THE UNITED WAY SYSTEM. IN FY18, OUR EFFORTS SUPPORTED THE EXPANSION OF THE STATE EITC TO TAXPAYERS WHO ARE 18-24 YEARS-OLD AND OVER 65. IN FEBRUARY 2018, UWBA ADVOCATED FOR CONGRESS TO APPROVE LONG TERM FUNDING FOR THE CHILDREN'S HEALTH PROGRAM. THE APPROVED FUNDING WILL LAST 6 YEARS, ENSURING MILLIONS OF CHILDREN HAVE ACCESS TO HEALTH CARE. EACH YEAR, UWBA TAKES VOLUNTEERS AND STAFF TO VISIT OUR LEGISLATORS IN SACRAMENTO AND WASHINGTON, D.C.

FINALLY, UWBA CONTINUES TO BE THE BACKBONE ORGANIZATION FOR THE RISE TOGETHER COALITION. LAUNCHED BY UWBA IN 2012, RISE TOGETHER IS UNIQUELY A REGIONAL STRATEGY. IN THE LAST FOUR YEARS, RISE TOGETHER HAS: GRADUATED HUNDREDS OF LEADERSHIP FOR EQUITY AND OPPORTUNITY (LEO)

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

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PARTICIPANTS; SELECTIVELY ENGAGED ON KEY POLICY ISSUES; HOSTED MAJOR EVENTS, INCLUDING THE OPPORTUNITY SUMMIT, TO SHOWCASE THE ISSUES AND SOLUTIONS OF POVERTY; AND CONVENED WORKGROUPS ON HOUSING, EARLY CHILDHOOD EDUCATION AND WORKER SUPPORTS. UWBA STAFFS THE COALITION AND HELPS THE PARTNERS SELECT AND IMPLEMENT KEY INITIATIVES. PARTNERS INCLUDE POLITICAL AND FAITH LEADERS, BUSINESSES, NONPROFITS, GOVERNMENT, ACADEMIA, MEDIA AND OTHERS.

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

211 INITIATIVE

211 IS A FREE, EASY-TO-REMEMBER PHONE NUMBER AND WEB RESOURCE THAT ANYONE CAN CALL FOR INFORMATION AND REFERRAL TO RESOURCES. LAST YEAR, UWBA AND ITS PARTNER CALL CENTERS IN EIGHT BAY AREA COUNTIES RESPONDED TO 108,000 CALLS AND TEXTS. MORE THAN HALF OF THESE REQUESTS CAME FROM THOSE REQUESTING HELP WITH POVERTY/BASIC NEEDS ISSUES SUCH AS FOOD, JOBS AND SHELTER.

IN ADDITION TO DAILY INFORMATION AND REFERRAL, 211 IS A CRITICAL RESOURCE FOR DISASTERS. IN RECENT YEARS, 211 HAS BEEN AVAILABLE FOR RESPONSES TO AN EARTHQUAKE, A TSUNAMI, AND MAJOR FIRES. 211 ASSISTED WITH THE NORTH BAY WILDFIRES IN OCTOBER 2017. LOOKING AHEAD UWBA PLANS TO UPDATE 211'S TECHNOLOGY PLATFORM TO MAKE SURE IT IS ACCESSIBLE TO AS MANY PEOPLE IN NEED AS POSSIBLE.

EXPENSES \$ 1,169,499. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0.

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

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

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

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

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

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

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

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

BOARD ON THE BASIS OF A FULL DISCLOSURE OF THE FACTS.

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

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

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

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

UNITED WAY OF THE BAY AREA HAS A CONTRACTUAL RELATIONSHIP WITH AN INDEPENDENT SALARY CONSULTANT WHO CONSIDERS INDUSTRY, POSITION, EXPERIENCE AND MARKET BEFORE MAKING RECOMMENDATIONS TO UNITED WAY OF THE BAY AREA'S COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE MEETS AT LEAST TWICE A

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

YEAR TO REVIEW CURRENT DATA, ANALYZE BUDGET ISSUES AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS. MINIMALLY, THE BOARD APPROVES THE COMPENSATION OF THE CEO, CFAO AND OTHER KEY EMPLOYEES ON AN ANNUAL BASIS.

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

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

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

CHANGE IN PENSION LIABILITY IN EXCESS OF INTANGIBLE PENSION

ASSETS 1,184,572.

UNCOLLECTIBLE PLEDGES -1,875.

TOTAL TO FORM 990, PART XI, LINE 9 1,182,697.

FORM 990, PART VIII AND PART IX

UNITED WAY STANDARD OVERHEAD CALCULATION

MANAGEMENT AND GENERAL EXPENSES - \$3,587,455

FUNDRAISING EXPENSES - \$2,652,106

TOTAL SUPPORT SERVICES EXPENSES - \$6,239,561

TOTAL REVENUE - \$37,258,751

OVERHEAD PERCENTAGE - 16.75%

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

► Go to www.irs.gov/F990W for instructions and the latest information.

► **Keep for your records. Do not send to the Internal Revenue Service.**

OMB No. 1545-0976

2018

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions		
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10a	
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10b	5,972.
	ADJUSTED TO	10c	6,000.

		(a)	(b)	(c)	(d)
11 Installment due dates. See instructions	11			03/15/19	06/17/19
12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			2,700.	1,500.
13 2017 Overpayment. See instructions	13			1,216.	
14 Payment due (Subtract line 13 from line 12)	14			1,484.	1,500.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

ESTIMATED TAX	6,000.
AMOUNT PAID	1,800.
OVERPAYMENT APPLIED	1,216.
AMOUNT DUE	2,984.

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

OMB No. 1545-1709

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

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

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

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

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

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

0	1
---	---

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

JOAN CATHERINE BRAUN

- The books are in the care of ► **550 KEARNY ST, #1000 - SAN FRANCISCO, CA 94108**

Telephone No. ► **415-808-4465**

Fax No. ►

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

- 1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2017)

PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED WAY OF THE BAY AREA		D Employer identification number (Employees' trust, see instructions.) 94-1312348
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			Number, street, and room or suite no. If a P.O. box, see instructions. 550 KEARNY ST, NO. 1000		E Unrelated business activity codes (See instructions.) 900099
			City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94108		
C Book value of all assets at end of year 29,158,879.			F Group exemption number (See instructions.) ▶		
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. ▶ **FRINGE BENEFITS**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JOAN CATHERINE BRAUN** Telephone number ▶ **415-808-4465**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) STATEMENT 1		12 34,229.		34,229.
13 Total. Combine lines 3 through 12		13 34,229.		34,229.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	34,229.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	34,229.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	33,229.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **SEE STATEMENT 2** **35c** 5,972.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 5,972.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a****b** Other credits (see instructions) **41b****c** General business credit. Attach Form 3800 **41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d****e** **Total credits.** Add lines 41a through 41d **41e****42** Subtract line 41e from line 40 **42** 5,972.**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44** **Total tax.** Add lines 42 and 43 **44** 5,972.**45a** Payments: A 2016 overpayment credited to 2017 **45a****b** 2017 estimated tax payments **45b** 7,188.**c** Tax deposited with Form 8868 **45c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d****e** Backup withholding (see instructions) **45e****f** Credit for small employer health insurance premiums (Attach Form 8941) **45f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **45g****46** **Total payments.** Add lines 45a through 45g **46** 7,188.**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **47****48** **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48****49** **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 1,216.**50** Enter the amount of line 49 you want: **Credited to 2018 estimated tax** 1,216. **Refunded** **50** 0.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No** **X****52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** **X****53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Sign Here**

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

PUBLIC DISCLOSURE COPY

Signature of officer

Date

COO

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

TRACY S. PAGLIA

TRACY S. PAGLIA

02/20/19

P00366884

Firm's name **MOSS ADAMS LLP**Firm's EIN **91-0189318**

101 SECOND STREET SUITE 900

Firm's address **SAN FRANCISCO, CA 94105**Phone no. **415-956-1500**Form **990-T** (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ... ►

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.	0.
		0.	0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

COMMUTER AND PARKING FRINGE BENEFIT

34,229.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

34,229.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 2
1. TAXABLE INCOME	33,229	
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	33,229	
3. LINE 1 LESS LINE 2	0	
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5. LINE 3 LESS LINE 4	0	
6. INCOME SUBJECT TO 34% TAX RATE	0	
7. INCOME SUBJECT TO 35% TAX RATE	0	
8. 15 PERCENT OF LINE 2	4,984	
9. 25 PERCENT OF LINE 4	0	
10. 34 PERCENT OF LINE 6	0	
11. 35 PERCENT OF LINE 7	0	
12. ADDITIONAL 5% SURTAX	0	
13. ADDITIONAL 3% SURTAX	0	
14. TOTAL INCOME TAX		<u><u>4,984</u></u>
15. TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u><u>6,978</u></u>	
	DAYS	
16. TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	2,512
17. TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	3,460
18. TOTAL TAX PRORATED	<u><u>365</u></u>	<u><u>5,972</u></u>

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

OMB No. 1545-1709

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

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

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

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

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

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

0	7
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOAN CATHERINE BRAUN

- The books are in the care of ► **550 KEARNY ST, #1000 - SAN FRANCISCO, CA 94108**
Telephone No. ► **415-808-4465** Fax No. ► _____

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

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018** .

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**