

UNITED WAY OF THE BAY AREA
PUBLIC DISCLOSURE COPY
RETURN OF EXEMPT ORGANIZATION
PERIOD ENDED JUNE 30, 2020

Form **990**
(Rev. January 2020)
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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE BAY AREA		D Employer identification number 94-1312348
	Doing business as UNITED WAY BAY AREA		E Telephone number 415-808-4300
	Number and street (or P.O. box if mail is not delivered to street address) 550 KEARNY ST	Room/suite 1000	
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94108		G Gross receipts \$ 36,923,154.
	F Name and address of principal officer: KEVIN ZWICK SAME AS C ABOVE		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: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.UWBA.ORG**

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 78
	6 Total number of volunteers (estimate if necessary) 6 3103
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 28,105,569. Prior Year 31,542,519. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,298,477. 2,100,367.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 688,505. 685,436.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 208,375. 114,454.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 30,300,926. 34,442,776.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 18,653,987. 20,304,093.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,817,722. 6,492,533.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,930,742.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,725,597. 5,353,524.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 32,197,306. 32,150,150.	
19 Revenue less expenses. Subtract line 18 from line 12 -1,896,380. 2,292,626.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 26,569,645. Beginning of Current Year 28,140,055. End of Year
	21 Total liabilities (Part X, line 26) 11,966,974. 13,990,770.
	22 Net assets or fund balances. Subtract line 21 from line 20 14,602,671. 14,149,285.

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.

PUBLIC DISCLOSURE COPY

Sign Here ▶ Signature of officer **MARK SUTTON, CFO** Date

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name TRACY S. PAGLIA	Preparer's signature TRACY S. PAGLIA	Date 05/13/21	Check if self-employed <input type="checkbox"/>	PTIN P00366884
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318			
	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no. 415-956-1500	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,564,066. including grants of \$ 10,564,066.) (Revenue \$ 2,100,367.) GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES

4b (Code:) (Expenses \$ 1,201,521. including grants of \$ 276,000.) (Revenue \$ 0.)

211 IS A FREE, EASY-TO-REMEMBER PHONE NUMBER AND WEB RESOURCE THAT ANYONE CAN CALL FOR INFORMATION AND REFERRAL TO LOCAL PROGRAMS AND SERVICES. LAST YEAR, UWBA AND ITS CALL CENTER PARTNER RESPONDED TO APPROXIMATELY 66,200 CALLS AND TEXTS. MORE THAN HALF OF THESE REQUESTS CAME FROM THOSE REQUESTING HELP WITH BASIC NEEDS ISSUES SUCH AS FOOD, LEGAL HELP, AND SHELTER. ONCE THE PANDEMIC HIT, 211 BEGAN TAKING COVID RELATED CALLS. IN FY20, MORE THAN 24,000 OF THE CALLS WERE COVID RELATED. 211 BAY AREA INCREASED CALL VOLUME BY ALMOST DOUBLE FROM THE PREVIOUS YEAR.

4c (Code:) (Expenses \$ 5,097,310. including grants of \$ 2,929,805.) (Revenue \$ 0.)

SPARKPOINT SPARKPOINT HAS SERVED MORE THAN 30,000 INDIVIDUALS SINCE LAUNCHING SPARKPOINT OAKLAND IN 2009, AND APPROXIMATELY 5,950 PEOPLE IN THE LAST YEAR ALONE. MORE THAN 26% 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) INCREASING CREDIT SCORES; AND (4) INCREASING SAVINGS. THE SPARKPOINT REGIONAL NETWORK INCLUDES MORE THAN

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,664,085. including grants of \$ 6,534,222.) (Revenue \$ 0.)

4e Total program service expenses 25,526,982.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARK SUTTON - 703-683-7869**
550 KEARNY ST, #1000, SAN FRANCISCO, CA 94108

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) WILSON, ANNE CHIEF EXECUTIVE OFFICER (THRU 05/20)	50.00			X				400,726.	0.	102,634.
(2) BRAUN, JOAN CHIEF OPERATING OFFICER (THRU 09/19)	50.00			X				292,973.	0.	71,021.
(3) GRIFFIN, SIDNEY CHIEF MARKETING OFFICER	50.00				X			179,131.	0.	43,716.
(4) SCHAUER, JOHN (THRU 10/19) VP, INFORMATION TECHNOLOGY	50.00					X		174,209.	0.	54,570.
(5) BATSON, KELLY SENIOR VP, CIT	50.00				X			165,639.	0.	19,880.
(6) KUKOVIC, LIDIYA VP, CONTROLLER (THRU 12/19)	50.00					X		143,186.	0.	30,326.
(7) NICHOLS, VIRGINIA (THRU 10/19) SR DIRECTOR, CORP RELATIONS	50.00					X		131,803.	0.	26,371.
(8) GOOCH, NORA (THRU 06/19) CHIEF DEVELOPMENT OFFICER	50.00					X		129,709.	0.	25,673.
(9) NGUYEN, MARIA SR DIRECTOR, GRANTS (THRU 10/19)	50.00					X		110,241.	0.	24,695.
(10) BRANCH, MICHELLE DIRECTOR	2.00	X						0.	0.	0.
(11) BREBER, PIERRE BOARD CHAIR	2.00	X		X				0.	0.	0.
(12) HERBERT III, JAMES DIRECTOR, AUDIT COMMITTEE	2.00	X						0.	0.	0.
(13) JOHNSON, KEVIN SECRETARY, GOVERNANCE COMMITTEE	2.00	X		X				0.	0.	0.
(14) LARA, ALICIA DIRECTOR	2.00	X						0.	0.	0.
(15) MANZO, PETE DIRECTOR	2.00	X						0.	0.	0.
(16) MCCARTHY, GIOIA TREASURER	2.00	X		X				0.	0.	0.
(17) ROGERS, MATT DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) STREET, ERIC DIR., CHAIR TOCQ SOC, AUDIT COM	2.00	X						0.	0.	0.
(19) ALLAIRE, KIWOBA DIRECTOR AT LARGE (THRU 12/19)	0.30	X						0.	0.	0.
(20) BLAYLOCK, ADAM DIRECTOR AT LARGE (THRU 12/19)	1.00	X						0.	0.	0.
(21) DETWEILER, CHARMAINE TREASURER (THRU 12/19)	2.50	X		X				0.	0.	0.
(22) DOMINGUE, JULIE DIRECTOR AT LARGE (THRU 12/19)	0.30	X						0.	0.	0.
(23) EBERTS, RALPH DIRECTOR AT LARGE (THRU 12/19)	0.30	X						0.	0.	0.
(24) ECKHARDT, MICHAEL DIRECTOR AT LARGE (THRU 12/19)	0.50	X						0.	0.	0.
(25) FOLEY, JIM CHAIR, ENGAGEMENT COMM (THRU 12/19)	0.80	X						0.	0.	0.
(26) HEACOCK, DAVID ASSISTANT SECRETARY (THRU 12/19)	2.00	X		X				0.	0.	0.
1b Subtotal								1,727,617.	0.	398,886.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,727,617.	0.	398,886.

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 **12**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
UNITED WAYS OF CA, 1107 FAIR OAKS AVENUE #12, SOUTH PASADENA, CA 91030	211 CONSULTING SERVICES	647,412.
LANXPERT CORPORATION DBA INTIVIX, 605 MARKET STREET, SUITE 410, SAN FRANCISCO, CA	IT SERVICES	222,104.
INTERFACE CHILDREN'S FAMILY SERVICES, 4001 MISSION OAKS BLVD, SUITE 1, CAMARILLO, CA	CONSULTING SERVICES	137,817.
MOSS ADAMS, LLP PO BOX 101822, PASADENA, CA 91189	AUDIT/TAX SERVICES	128,500.
UPIC SOLUTIONS, 334 BEECHWOOD ROAD, SUITE 403, FORT MITCHELL, KY 41047	PLEDGE PROCESSING SERVICES	126,467.

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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,760,156.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,782,363.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 377,058.				
	h Total. Add lines 1a-1f			31,542,519.			
Program Service Revenue	2 a CONSULTING FEE INCOME	Business Code	900099	1,899,431.	1,899,431.		
	b PLEDGE PROCESSING FEES		900099	194,686.	194,686.		
	c OFFICE SPACE RENTAL		900099	6,250.	6,250.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,100,367.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			574,621.		574,621.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	114,454.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		114,454.			
	d Net rental income or (loss)			114,454.		114,454.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,591,193.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		2,480,378.			
c Gain or (loss)	7c		110,815.				
d Net gain or (loss)			110,815.		110,815.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			34,442,776.	2,100,367.	0.	799,890.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,304,093.	20,304,093.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,576,299.	110,380.	1,033,178.	432,741.
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	3,497,482.	1,739,537.	1,119,704.	638,241.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	512,957.	206,611.	210,358.	95,988.
9 Other employee benefits	561,124.	222,835.	221,311.	116,978.
10 Payroll taxes	344,671.	138,828.	141,346.	64,497.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,068.		8,068.	
c Accounting	128,500.		128,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,331.		66,331.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,649,866.	925,918.	604,739.	119,209.
12 Advertising and promotion	1,012,877.	918,836.	9,909.	84,132.
13 Office expenses	636,108.	135,968.	465,741.	34,399.
14 Information technology				
15 Royalties				
16 Occupancy	1,123,858.	492,250.	312,952.	318,656.
17 Travel	85,808.	41,140.	30,406.	14,262.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,557.	67,630.	17,552.	2,375.
20 Interest				
21 Payments to affiliates	270,419.	89,905.	180,514.	
22 Depreciation, depletion, and amortization	191,153.	51,272.	139,881.	
23 Insurance	70,777.	70,777.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	22,202.	11,002.	1,936.	9,264.
25 Total functional expenses. Add lines 1 through 24e	32,150,150.	25,526,982.	4,692,426.	1,930,742.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,530,184.	1	3,284,589.
	2 Savings and temporary cash investments	267,569.	2	205,587.
	3 Pledges and grants receivable, net	9,867,785.	3	9,753,620.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	160,000.	7	160,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	132,663.	9	236,781.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,198,589.		
	b Less: accumulated depreciation	10b 1,947,064.		
	11 Investments - publicly traded securities	430,689.	10c	251,525.
	12 Investments - other securities. See Part IV, line 11	13,852,107.	11	14,046,845.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	328,648.	14	201,108.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,569,645.	15	28,140,055.	
Liabilities	17 Accounts payable and accrued expenses	6,088,120.	17	8,002,633.
	18 Grants payable	3,009,842.	18	1,997,885.
	19 Deferred revenue	469,012.	19	391,128.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,400,000.	23	2,400,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	1,199,124.
	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	11,966,974.	26	13,990,770.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,974,506.	27	3,794,751.
	28 Net assets with donor restrictions	9,628,165.	28	10,354,534.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,602,671.	32	14,149,285.
	33 Total liabilities and net assets/fund balances	26,569,645.	33	28,140,055.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,442,776.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,150,150.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,292,626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,602,671.
5	Net unrealized gains (losses) on investments	5	-376,022.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,369,990.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,149,285.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33543169.	43336077.	35899126.	28105569.	31634262.	172518203
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	33543169.	43336077.	35899126.	28105569.	31634262.	172518203
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)						10202772.
6 Public support. Subtract line 5 from line 4.						162315431

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	33543169.	43336077.	35899126.	28105569.	31634262.	172518203
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	360,800.	413,999.	526,312.	577,303.	689,075.	2567489.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		33,449.	48,274.	0.	0.	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						175167415
12 Gross receipts from related activities, etc. (see instructions)					12	5,074,267.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	92.66 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	90.93 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>665,156.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>853,484.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>957,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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) 2019**

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,046.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	1,046.													
d	Other exempt purpose expenditures	30,218,362.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	30,219,408.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	46,117.	28,537.	29,047.	1,046.	104,747.
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	9,717.	8,662.	1,526.	1,046.	20,951.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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	13	
2 Aggregate value of contributions to (during year)	492,381.	
3 Aggregate value of grants from (during year)	816,475.	
4 Aggregate value at end of year	750,906.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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?

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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	5,252,820.	5,208,751.	5,061,854.	4,648,599.	5,022,885.
b Contributions	-967.	1,656.	1,400.	1,300.	1,400.
c Net investment earnings, gains, and losses	10,038.	266,882.	366,395.	630,428.	-150,974.
d Grants or scholarships					
e Other expenditures for facilities and programs	177,972.	201,426.	197,406.	196,906.	199,384.
f Administrative expenses	23,031.	23,043.	23,492.	21,567.	20,867.
g End of year balance	5,060,888.	5,252,820.	5,208,751.	5,061,854.	4,653,060.

- 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 77.01 %
 - c Term endowment 22.99 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		377,040.	301,339.	75,701.
d Equipment		220,684.	170,115.	50,569.
e Other		1,600,865.	1,475,610.	125,255.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				251,525.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (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.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (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.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows for (1) Federal income taxes and (2) through (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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

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

1	Total revenue, gains, and other support per audited financial statements		1	21,158,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-376,022.	
b	Donated services and use of facilities	2b	91,743.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-2,369,990.	
e	Add lines 2a through 2d	2e		-2,654,269.
3	Subtract line 2e from line 1	3		23,812,380.
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	66,331.	
b	Other (Describe in Part XIII.)	4b	10,564,065.	
c	Add lines 4a and 4b	4c		10,630,396.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		34,442,776.

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

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

1	Total expenses and losses per audited financial statements		1	21,611,498.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	91,743.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		91,743.
3	Subtract line 2e from line 1	3		21,519,755.
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	66,331.	
b	Other (Describe in Part XIII.)	4b	10,564,065.	
c	Add lines 4a and 4b	4c		10,630,396.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		32,150,151.

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. 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, 2020

Part XIII Supplemental Information (continued)

AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION -2,369,990.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 10,564,065.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 10,564,065.

**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

2019

**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 1401 LOS GAMOS DR, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501C3	8,563.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ABODE SERVICES 40849 FREMONT BOULEVARD FREMONT, CA 94538	94-3087060	501C3	35,583.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
ADVENT LUTHERAN CHURCH MORGAN HILL PO BOX 607 MORGAN HILL, CA 95038	77-0011232	501C3	7,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AFRICAN COMMUNITY HEALTH INSTITUTE 304 N. 6TH STREET SAN JOSE, CA 95112	20-4721344	501C3	35,000.	0.			PROGRAM GRANT - CENSUS
AIDS LEGAL REFERRAL PANEL 1663 MISSION STREET, STE 500 SAN FRANCISCO, CA 94103	94-3111738	501C3	8,147.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ALAMEDA COUNTY COMMUNITY FOOD BANK INC - PO BOX 2599 - OAKLAND, CA 94614	94-2960297	501C3	12,557.	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 ▶ 298.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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
ALAMEDA COUNTY HOMELESS ACTION CENTER - 3126 SHATTUCK AVENUE - BERKELEY, CA 94705	94-3123953	501C3	10,000.	0.			PROGRAM GRANT - CENSUS
ALAMEDA COUNTY SOCIAL SVCS AGENCY 2000 SAN PABLO AVENUE, 4TH FLOOR OAKLAND, CA 94612	94-3123953	501C3	17,500.	0.			PROGRAM GRANT - EMERGENCY ASSISTANCE
ALAMEDA FOOD BANK P O BOX 2167, 1900 THAU WAY ALAMEDA, CA 94501	94-2960297	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
ALL STARS HELPING KIDS INC. 4675 STEVENS CREEK BLVD, #125 SANTA CLARA, CA 95051	77-0325111	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ALLEN TEMPLE BAPTIST HEALTH AND SOCIAL SERVICES - 8501 INTERNATIONAL BLVD. - OAKLAND, CA 94621	73-1631545	501C3	20,900.	0.			PROGRAM GRANT - VITA
ALTERNATIVE FAMILY SERVICES, INC. 1421 GUERNEVILLE ROAD, SUITE 218 SANTA ROSA, CA 95403	94-2427088	501C3	20,000.	0.			PROGRAM GRANT - COVID
AMERICAN CANCER SOCIETY, INC. CALIFORNIA - 1001 MARINA VILLAGE PARKWAY, SUITE 300 - ALAMEDA, CA 94501	13-1788491	501C3	8,542.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
AMERICAN RED CROSS, BAY AREA CHAPTER 05503 - 1663 MARKET STREET - SAN FRANCISCO, CA 94103	53-0196605	501C3	7,400.	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	110,332.	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
AMIGOS DE GUADALUPE CENTER FOR JUSTICE - 1897 ALUM ROCK AVENUE, SUITE 35 - SAN JOSE, CA 95116	77-0555838	501C3	5,404.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - VITA
ARC OF SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 94103	94-1415287	501C3	5,836.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ARCHDIOCESE OF SAN FRANCISCO 1 PETER YORKE WAY SAN FRANCISCO, CA 94109	51-0219028	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ARSOLA'S DISTRIBUTION CENTER AND COMMUNITY SERVICES (ADCCS) - 7801 EDGEWATER DRIVE, SUITE 3000 - OAKLAND, CA 94621	83-3164640	501C3	8,000.	0.			PROGRAM GRANT - CENSUS
ASIAN AMERICAN CENTER OF SANTA CLARA COUNTY-AAASC - 1683 HILLSDALE AVENUE - SAN JOSE, CA 95124	76-0711301	501C3	7,500.	0.			PROGRAM GRANT - CENSUS
ASIAN AMERICAN FOR COMMUNITY INVOLVEMENT - 2400 MOORPARK AVENUE, #300 - SAN JOSE, CA 95128	94-2292491	501C3	10,366.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
ASIAN INC 1167 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94103	94-1753170	501C3	21,869.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, VITA
ASIAN LAW ALLIANCE 991 WEST HEDDING STREET, SUITE 202 SAN JOSE, CA 95126	94-2439581	501C3	5,456.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
ASIAN LAW CAUCUS INC 55 COLUMBUS AVENUE SAN FRANCISCO, CA 94111	94-2176139	501C3	55,938.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS

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
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 66 RAYMOND AVENUE - SAN FRANCISCO, CA 94134	94-3357710	501C3	10,143.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, VITA
ASSOCIATED STUDENTS OF THE UNIVERSITY OF CA - 2465 BANCROFT WAY, MC 4500 - BERKELEY, CA 94720-4500	94-0294680	501C3	7,000.	0.			PROGRAM GRANT - CENSUS
BARBARA & GERSON BAKAR FOUNDATION 201 FILBERT STREET, STE. 400 SAN FRANCISCO, CA 94133	20-5691977	501C3	11,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA DISCOVERY MUSEUM 557 MCREYNOLDS ROAD SAUSALITO, CA 94965	68-0033227	501C3	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501C3	8,928.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - VITA
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION - 330 ELLIS STREET - SAN FRANCISCO, CA 94102	94-1156481	501C3	15,000.	0.			PROGRAM GRANT
BOYS & GIRLS CLUB SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501C3	7,282.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BRANDGOV 125 HUMPHREY LANE VALLEJO, CA 94591	08-7627520	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BRIDGE THE GAP PO BOX 1390 SAUSALITO, CA 94965	91-1930327	501C3	10,000.	0.			PROGRAM GRANT - COVID

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
BUILDING OPPORTUNITIES FOR SELF SUFFICIENCY (BOSS) - 1918 UNIVERSITY AVE #2A - BERKELEY, CA 94704	51-0173390	501C3	10,000.	0.			PROGRAM GRANT - COVID
BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501C3	7,750.	0.			PROGRAM GRANT - VITA
CAMP TAYLOR 8224 W. GRAYSON ROAD MODESTO, CA 95358	04-3709177	501C3	8,320.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CANAL ALLIANCE 91 LARKSPUR STREET LARKSPUR, CA 94901	94-2832648	501C3	80,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CATHOLIC CHARITIES OF ARCHDIOCESE OF SAN FRANCISCO - 990 EDDY STREET - SAN FRANCISCO, CA 94109	94-1498472	501C3	40,000.	0.			PROGRAM GRANT - COVID
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD, #200 - SAN JOSE, CA 95134	94-2762269	501C3	72,881.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
CATHOLIC CHARITIES OF SOLANO INC 125 CORPORATE PLACE, SUITE A VALLEJO, CA 94590	94-2576612	501C3	207,700.	0.			PROGRAM GRANT - COVID, VITA
CATHOLIC CHARITIES OF THE DIOCESE OF OAKLAND - 433 JEFFERSON STREET - OAKLAND, CA 94607	94-2677202	501C3	32,010.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
CATHOLIC CHARITIES SANTA ROSA DIOCESE - 987 AIRWAY COURT - SANTA ROSA, CA 95403	04-2479393	501C3	40,000.	0.			PROGRAM GRANT - COVID

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
CENTER FOR EMPLOYMENT OPPORTUNITIES, INC. - 464 7TH STREET - OAKLAND, CA 94607	13-3843322	501C3	25,000.	0.			PROGRAM GRANT - COVID
CENTER FOR EMPOWERING REFUGEES AND IMMIGRANTS - 544 INTERNATIONAL BOULEVARD #9 - OAKLAND, CA 94606	76-0822958	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CENTER FOR URBAN EDUCATION AND SUSTAINABLE AGRICULTURE - ONE FERRY BUILDING, SUITE 50 - SAN FRANCISCO, CA 94111	94-3212988	501C3	15,000.	0.			PROGRAM GRANT - COVID
CENTRAL CITY HOSPITALITY HOUSE 290 TURK STREET SAN FRANCISCO, CA 94102	94-6171319	501C3	15,000.	0.			PROGRAM GRANT - COVID
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT - 7600 DUBLIN BLVD., 3RD FLOOR - DUBLIN, CA 94568	94-1670563	501C3	39,000.	0.			PROGRAM GRANT - CENSUS, VITA
CHALLENGER ATHLETICS PO BOX 5511 BAY SHORE, NY 11706	46-2993141	501C3	6,186.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHARITY CULTURAL SERVICES CENTER 731 COMMERCIAL STREET SAN FRANCISCO, CA 94108	94-2922453	501C3	5,882.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN NOW 1404 FRANKLIN STREET, SUITE 700 OAKLAND, CA 94612	94-3059243	501C3	15,179.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS CREATIVITY MUSEUM 221 FOURTH STREET SAN FRANCISCO, CA 94103	94-3178735	501C3	25,714.	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
CHILDREN'S NETWORK OF SOLANO COUNTY - 827 MISSOURI STREET, SUITE 5 - FARIFIELD, CA 94533	68-0014506	501C3	560,000.	0.			PROGRAM GRANT - CENSUS, COVID, EQUITY
CHILDRENS TRUST FUND SANTA CLARA COUNTY - 373 W JULIAN STREET - SAN JOSE, CA 95110	94-6000533	501C3	7,701.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHINATOWN COMMUNITY CHILDRENS CENTER - 979 CLAY STREET - SAN FRANCISCO, CA 94108	23-7126354	501C3	11,077.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHINESE AMERICAN VOTERS EDUCATION COMMITTEE - 4442 GEARY BLVD. #300 - SAN FRANCISCO, CA 94118	94-2502267	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	37,500.	0.			PROGRAM GRANT - CENSUS
CHINESE HOSPITAL 845 JACKSON ST SAN FRANCISCO, CA 94133	94-0382780	501C3	5,882.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, #104 SAN FRANCISCO, CA 94108	94-2152893	501C3	39,644.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, VITA
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVE., 5TH FLOOR SAN FRANCISCO, CA 94133	23-7404756	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
CHURCH OF JESUS CHRIST LDS CORPORATION - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501C3	29,143.	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
CITY OF FREMONT 3300 CAPITAL AVENUE, BLDG A FREMONT, CA 94538	94-6027361	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
CITY OF SOUTH SAN FRANCISCO 400 GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080	94-6000435	501C3	33,800.	0.			PROGRAM GRANT - CENSUS, VITA
CITY TEAM MINISTRIES OF SAN FRANCISCO - 164 6TH STREET - SAN FRANCISCO, CA 94103	94-1501265	501C3	11,695.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CITYTEAM SAN JOSE 2306 ZANKER ROAD SAN JOSE, CA 95131	94-1501265	501C3	6,556.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COASTSIDE HOPE 99 AVENUE ALHAMBRA EL GRANADA, CA 94018	04-6782383	501C3	56,500.	0.			PROGRAM GRANT - COVID, VITA
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	94-0399260	501C3	8,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY ACTION MARIN 29 MARY STREET SAN RAFAEL, CA 94901	94-6136365	501C3	395,000.	0.			PROGRAM GRANT - CENSUS, VITA
COMMUNITY ACTION NAPA VALLEY 2521 OLD SONOMA RD. NAPA, CA 94558	94-1610851	501C3	30,000.	0.			PROGRAM GRANT - COVID
COMMUNITY CHILD CARE COORDINATING CNCL OF ALAMEDA - 22351 CITY CENTER DRIVE, SUITE 100 - HAYWARD, CA 94541	23-7218859	501C3	20,800.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT CENSUS, VITA

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
COMMUNITY CLINIC CONSORTIUM 3720 BARRETT AVENUE RICHMOND, CA 94805	20-0782029	501C3	25,000.	0.			PROGRAM GRANT - CENSUS
COMMUNITY FINANCIAL RESOURCES 771 EUCLID AVENUE BERKELEY, CA 94708	20-3788598	501C3	30,000.	0.			PROGRAM GRANT - VITA
COMMUNITY FORWARD SF 1171 MISSION STREET SAN FRANCISCO, CA 94103	94-2335626	501C3	25,000.	0.			PROGRAM GRANT - COVID
COMMUNITY HEALTH CHARITIES OF CALIFORNIA - 1199 N. FAIRFAX ST. STE. 600 - ALEXANDRIA, VA 22314	13-6167225	501C3	88,619.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY SERVICE AGENCY OF MOUNTAIN VIEW, LOS ALTOS - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465	501C3	138,286.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - EMERG ASSIST.
COMMUNITY SOLUTIONS 9015 MURRAY AVENUE, #100 GILROY, CA 95020	23-7351215	501C3	10,547.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
COMMUNITY YOUTH CENTER 1038 POST STREET SAN FRANCISCO, CA 94109	94-1728818	501C3	10,955.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
COMPASS FAMILY SERVICES 37 GROVE STREET SAN FRANCISCO, CA 94102	94-1156622	501C3	46,500.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST SAN RAFAEL, CA 94901	94-2831592	501C3	7,884.	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
CONTRA COSTA CRISIS CENTER P.O. BOX 3364 WALNUT CREEK, CA 94598	94-1747227	501C3	95,109.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, VITA
CORA (COMMUNITY OVERCOMING RELATIONSHIP ABUSE) - 2211 PALM AVENUE - SAN MATEO, CA 94403	94-2481188	501C3	10,000.	0.			PROGRAM GRANT - COVID
COVENANT HOUSE CALIFORNIA 200 HARRISON STREET OAKLAND, CA 94607	13-3391210	501C3	40,500.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
DALY CITY PENINSULA PARTNERSHIP COLLABORATIVE - 725 PRICE STREET - DALE CITY, CA 94014	06-1734338	501C3	160,000.	0.			PROGRAM GRANT - CENSUS, COVID
DFCS EDUCATION SCHOLARSHIP FUND 333 WEST JULIAN STREET SAN JOSE, CA 95110	94-6000533	501C3	5,003.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DOCTORS WITHOUT BORDERS HEADQUARTER - 333 7TH AVENUE, 2ND FLOOR - NEW YORK, NY 10016	13-3433452	501C3	6,572.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
DOLORES STREET COMMUNITY SERVICES 938 VALENCIA STREET SAN FRANCISCO, CA 94110	94-2919302	501C3	35,000.	0.			PROGRAM GRANT = COVID
EARTHSHARE CALIFORNIA 870 MARKET STREET, SUITE 703 SAN FRANCISCO, CA 94102	94-2840364	501C3	26,479.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EAST BAY AGENCY FOR CHILDREN 303 VAN BUREN AVE OAKLAND, CA 94610	94-1358309	501C3	150,000.	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
EAST BAY ASIAN LOCAL DEVELOPMENT CORP - 1825 SAN PABLO AVE., SUITE 200 - OAKLAND, CA 94612	51-0171851	501C3	284,000.	0.			PROGRAM GRANT - CENSUS, EQUITY, VITA
EAST BAY COMMUNITY LAW CENTER 1950 UNIVERSITY AVENUE, STE. 200 BERKELEY, CA 94704	94-3042565	501C3	19,613.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EAST BAY HOUSING ORGANIZATIONS 538 - 9TH STREET, STE 200 OAKLAND, CA 94607	94-3232405	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
EAST BAY SANCTUARY COVENANT PO BOX 4670 BERKELEY, CA 94704	94-3249753	501C3	15,000.	0.			PROGRAM GRANT - COVID
EAST PALO ALTO CENTER FOR COMMUNITY MEDIA - 2111 UNIVERSITY AVENUE, #160 - EAST PALO ALTO, CA 94303	20-1415500	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
EDEN I&R, INC. 570 B STREET HAYWARD, CA 94541	94-2339050	501C3	107,361.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, VITA
EDEN YOUTH AND FAMILY CENTER 680 W.TENNYSON ROAD HAYWARD, CA 94544	94-2442586	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
EDGEWOOD CENTER FOR CHILDREN & FAMILIES - 1801 VICENTE STREET - SAN FRANCISCO, CA 94116	94-1186168	501C3	26,458.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT
EPISCOPAL COMMUNITY SERVICES OF SF 165 EIGHTH STREET, 3RD FLOOR SAN FRANCISCO, CA 94103	94-3096716	501C3	11,900.	0.			PROGRAM GRANT - CENSUS

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
ERITREAN COMMUNITY CENTER OF SANTA CLARA - 1998 HOMESTEAD RD - SANTA CLARA, CA 95050	80-0761162	501C3	7,500.	0.			PROGRAM GRANT - CENSUS
FAITH FOOD FRIDAYS 826 SOLANO AVENUE VALLEJO, CA 94590	82-3237428	501C3	50,000.	0.			PROGRAM GRANT - COVID
FAMILY HOUSE- SAN FRANCISCO 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158	94-2722663	501C3	25,574.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FAMILY VIOLENCE LAW CENTER 470 27TH STREET OAKLAND, CA 94612	94-2527939	501C3	10,146.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
FIRE ASSOCIATES OF SANTA CLARA VALLEY - P.O. BOX 494 - CAMPBELL, CA 95009	23-7087975	501C3	10,214.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501C3	152,235.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
FRANCISCO PARK CONSERVANCY P.O. BOX 475035 SAN FRANCISCO, CA 94147	47-1744588	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FREMONT FAMILY RESOURCE CENTER 39155 LIBERTY STREET, SUITE A110 FREMONT, CA 94537-5006	94-3333831	501C3	103,900.	0.			PROGRAM GRANT - COVID, EQUITY, VITA
FRESH LIFE FOUNDATION INC. 3105 SAN PABLO AVENUE OAKLAND, CA 94608	81-2832278	501C3	10,700.	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
FRESH LIFELINES FOR YOUTH/FLY 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501C3	5,861.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FRIENDS CONSTRU CASA PO BOX 392 CRETE, NE 68333	45-2345557	501C3	5,700.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FUERZA EDUCATIONAL COALITION 7750 PARDEE LANE, SUITE 110 OAKLAND, CA 94621	83-3036778	501C3	200,000.	0.			PROGRAM GRANT - COVID
GARDNER FAMILY HEALTH NETWORK, INC. - 1621 GOLD STREET, PO BOX 1240 - ALVISO, CA 95002	94-1743078	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
GIFFORDS LAW CTR TO PREVENT GUN VIOLENCE - 268 BUCH STREET #555 - SAN FRANCISCO, CA 94104	46-4638549	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502	94-1551410	501C3	21,396.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GLOBAL IMPACT 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314	52-1273585	501C3	24,556.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
GOLDEN STATE OPPORTUNITY FOUNDATION - 10877 WILSHIRE BLVD., SUITE 708 - LOS ANGELES, CA 90024	47-4325738	501C3	112,500.	0.			PROGRAM GRANT - CENSUS, VITA
GRACE SOLUTIONS 484 E SAN FERNANDO STREET SAN JOSE, CA 95112	82-1581590	501C3	15,000.	0.			PROGRAM GRANT - COVID

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
GUM MOON WOMENS RESIDENCE 940 WASHINGTON ST SAN FRANCISCO, CA 94108	94-1156357	501C3	21,091.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY - 2619 BROADWAY #205 - OAKLAND, CA 94612	94-3053687	501C3	8,676.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HAMILTON FAMILIES 1631 HAYES STREET SAN FRANCISCO, CA 94117	94-3055602	501C3	36,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD-CLASS OF 1992 HARVARD BUSINESS SCHOOL, SOLDIERS F BOSTON, MA 02163	53-0199180	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HAYWARD AREA RECREATION AND PARK DISTRICT (HARD) - 1099 E STREET - HAYWARD, CA 94541	94-6000728	501C3	7,000.	0.			PROGRAM GRANT - VITA
HELIA MORENO 1025 HAYES ST FAIRFIELD, CA 94533	63-6288320	501C3	6,600.	0.			PROGRAM GRANT - VITA
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501C3	5,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HOME AND HOPE 1720 EL CAMINO REAL, #7 BURLINGAME, CA 94010	94-3356735	501C3	15,000.	0.			PROGRAM GRANT - COVID
HOMEWARD BOUND OF MARIN 1385 NORTH HAMILTON PARKWAY NOVATO, CA 94949	68-0011405	501C3	20,104.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID

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
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501C3	10,530.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	94-1196215	501C3	9,806.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ICA FUND GOOD JOBS 2235 BROADWAY, SUITE 102 OAKLAND, CA 94612	47-0898054	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
IMMACULATE CONCEPTION ACADEMY 3625 - 24TH STREET SAN FRANCISCO, CA 94110	94-1156675	501C3	10,284.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	501C3	25,715.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
INDIA CURRENTS FOUNDATION 3343 BELGROVE CIRCLE SAN JOSE, CA 95148	83-3257703	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	40,000.	0.			PROGRAM GRANT - CENSUS
INTERFAITH COUNCIL CONTRA COSTA COUNTY - 404 GREGORY LANE - PLEASANT HILL, CA 94523	94-1693225	501C3	40,250.	0.			PROGRAM GRANT - COVID
INTERNATIONAL CHILDREN ASSISTANCE NETWORK INC - 532 VALLEY WAY - MILPITAS, CA 95035	77-0541211	501C3	15,777.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS

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
J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501C3	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JAKARA MOVEMENT 6089 N. FIRST ST., #102 FRESNO, CA 93710	26-3225754	501C3	10,000.	0.			PROGRAM GRANT - CENSUS
JAPANESE COMMUNITY YOUTH COUNCIL 2012 PINE STREET SAN FRANCISCO, CA 94115	23-7092514	501C3	29,505.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH FAMILY & CHILDRENS SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	501C3	6,651.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH FAMILY & COMMUNITY SERVICES 2484 SHATTUCK AVE #210 BERKELEY, CA 94704	94-3250304	501C3	5,170.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JEWISH FAMILY SERVICES OF SILICON VALLEY - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	94-2536452	501C3	47,197.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID
JEWISH VOCATIONAL AND CAREER COUNSELING SERVICE - 225 BUSH STREET, SUITE 400 - SAN FRANCISCO, CA 94104	94-2213100	501C3	10,000.	0.			PROGRAM GRANT - COVID
JF KAPNEK CHARITABLE TRUST 936 DEWING AVENUE, SUITE E3 LAFAYETTE, CA 94549	23-7165692	501C3	51,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JUNIOR ACHIEVEMENT NORTHERN CALIFORNIA - 3003 OAK ROAD - WALNUT CREEK, CA 94597	94-1322179	501C3	17,600.	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
JUSTICE & DIVERSITY CENTER OF THE BAR ASSN OF S.F. - 301 BATTERY STREET, THIRD FLOOR - SAN FRANCISCO, CA 94111	94-2931349	501C3	12,850.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KIDS IN NEED OF DEFENSE 1201 L STREET, NW, 2ND FLOOR WASHINGTON, DC 20005	26-2763038	501C3	14,595.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KIPP BAY AREA SCHOOLS 1404 FRANKLIN STREET, SUITE 500 OAKLAND, CA 94612	20-5010766	501C3	13,925.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KOREAN AMERICAN COMMUNITY SERVICES 1800-B FRUITDALE AVE SAN JOSE, CA 95128	94-2659848	501C3	10,729.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
KOREAN COMMUNITY CENTER OF THE EAST BAY - 101 CALLAN AVENUE, SUITE 400 - SAN LEANDRO, CA 94577	94-2503925	501C3	40,380.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
LA RAZA COMMUNITY RESOURCE CENTER 474 VALENCIA STREET, SUITE 100 SAN FRANCISCO, CA 94103	94-2258257	501C3	50,000.	0.			PROGRAM GRANT - COVID
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 2325 EAST 12TH STREET - OAKLAND, CA 94601	94-3115164	501C3	20,000.	0.			PROGRAM GRANT - CENSUS, VITA
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501C3	22,541.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
LAVENDER SENIORS EAST BAY 4123 BROADWAY #818 OAKLAND, CA 94611	94-3337173	501C3	10,000.	0.			PROGRAM GRANT - CENSUS

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
LAWYERS COMMITTEE FOR CIVIL RIGHTS- SF - 131 STEUART ST, STE 400 - SAN FRANCISCO, CA 94105	94-2581415	501C3	48,100.	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	13,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, SUITE 200 RYE BROOK, NY 10573	13-5644916	501C3	5,599.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501C3	108,076.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, EMERG ASSISTANCE
LOAVES & FISHES FAMILY KITCHEN SAN JOSE - 1534 BERGER DRIVE - SAN JOSE, CA 95112	77-0370874	501C3	53,259.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY STREET MARTINEZ, CA 94553	68-0018077	501C3	6,998.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
MAKE A WISH FOUNDATION GREATER BAY AREA - 1333 BROADWAY, SUITE 200 - OAKLAND, CA 94612	94-2958481	501C3	11,367.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MANDELA PARTNERS 1344 7TH STREET OAKLAND, CA 94607	11-3754129	501C3	20,000.	0.			PROGRAM GRANT - COVID
MARIN ACADEMY 1600 MISSION AVE SAN RAFAEL, CA 94901	94-1186189	501C3	20,000.	0.			PROGRAM GRANT - CENSUS

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
MARIN COUNTY FREE LIBRARY 3501 CIVIC CENTER DRIVE, SUITE 414 SAN RAFAEL, CA 94903	94-6000519	501C3	10,000.	0.			PROGRAM GRANT - CENSUS
MARIN SENIOR COORDINATING COUNCIL 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	94-1422463	501C3	14,947.	0.			PROGRAM GRANT - CENSUS
MARTHA'S KITCHEN 311 WILLOW STREET SAN JOSE, CA 95110	91-2091094	501C3	45,500.	0.			PROGRAM GRANT - COVID
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501C3	40,000.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
MEALS ON WHEELS OF SOLANO CO 95 MARINA CENTER SUISUN CITY, CA 94585	94-2453452	501C3	21,565.	0.			PROGRAM GRANT - COVID
MENTAL HEALTH ASSOCIATION OF SAN MATEO - 2686 SPRING STREET - REDWOOD CITY, CA 94063	94-6034112	501C3	15,000.	0.			PROGRAM GRANT - COVID
MICHAEL J. FOX FOUNDATION CHURCH STREET STATION, P.O. BOX 47 NEW YORK, NY 10163	13-4141945	501C3	8,138.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MISSION ASSET FUND 3269 MISSION STREET SAN FRANCISCO, CA 94110	20-8993652	501C3	25,000.	0.			PROGRAM GRANT - COVID
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501C3	38,009.	0.			PROGRAM GRANT - CENSUS, VITA

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
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	41-2111171	501C3	45,000.	0.			PROGRAM GRANT - CENSUS, COVID
MONUMENT IMPACT 1760 CLAYTON ROAD CONCORD, CA 94520	94-3370919	501C3	25,000.	0.			PROGRAM GRANT - CENSUS, COVID
MULTIPLYING GOOD 15 WEST 38TH STREET, SUITE 1210 NEW YORK, NY 10018	52-0959336	501C3	35,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NATIONAL JAPANESE AMERICAN HISTORICAL SOCIETY INC - 1684 POST STREET - SAN FRANCISCO, CA 94115	94-2778424	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608	94-3080408	501C3	10,000.	0.			PROGRAM GRANT - CENSUS
NEWS - NAPA EMERGENCY WOMENS SERVICES - 1141 PEAR TREE LANE, SUITE 220 - NAPA, CA 94558	94-2745889	501C3	30,000.	0.			PROGRAM GRANT - COVID
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, #200 - SAN JOSE, CA 95112	94-2420708	501C3	14,276.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
NICOS CHINESE HEALTH COALITION 1208 MASON STREET SAN FRANCISCO, CA 94108	94-3184812	501C3	5,882.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133	94-1722562	501C3	10,000.	0.			PROGRAM GRANT - CENSUS

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
NORTHEAST COMMUNITY FEDERAL CREDIT UNION - 683 CLAY STREET - SAN FRANCISCO, CA 94111	62-0676416	501C3	16,500.	0.			PROGRAM GRANT - VITA
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 94607	45-3138892	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
OAKLAND PAL (FISCAL AGENT) PO BOX6788 OAKLAND, CA 94603	94-2826718	501C3	10,000.	0.			PROGRAM GRANT - CENSUS
OASIS LEGAL SERVICES 1900 ADDISON STREET, SUITE 100 BERKELEY, CA 94704	82-0696739	501C3	7,500.	0.			PROGRAM GRANT - CENSUS
ON LOK INC 1333 BUSH STREET SAN FRANCISCO, CA 94109	94-3101464	501C3	7,280.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501C3	95,000.	0.			PROGRAM GRANT - COVID, EQUITY, VITA
ONE TREASURE ISLAND 1 AVENUE OF THE PALMS, ROOM 166 SAN FRANCISCO, CA 94130	94-3280624	501C3	13,119.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, VITA
OPEN DOOR LEGAL 60 OCEAN AVE SAN FRANCISCO, CA 94112	45-3360280	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
OPERATION DIGNITY INC 3850 SAN PABLO AVE., SUITE 102 EMERYVILLE, CA 94608	94-3176007	501C3	30,000.	0.			PROGRAM GRANT - CENSUS, COVID

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
ORPHAN RELIEF NETWORK INC. DBA SOLANO DREAM CENTER - 1615 WEST TEXAS STREET #4 - FAIRFIELD, CA 94533	45-2158727	501C3	15,000.	0.			PROGRAM GRANT - COVID
PACIFICA RESOURCE CENTER 1809 PALMETTO AVENUE PACIFICA, CA 94044	81-1496989	501C3	112,679.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID, VITA
PARENT SERVICES PROJECT INC 79 BELVEDERE STREET, SUITE 101 SAN RAFAEL, CA 94901	68-0169962	501C3	25,000.	0.			PROGRAM GRANT - CENSUS, COVID, VITA
PARS EQUALITY CENTER 1635 THE ALAMEDA SAN JOSE, CA 95126	27-2969900	501C3	20,000.	0.			PROGRAM GRANT - CENSUS, VITA
PENINSULA FAMILY SERVICE 24 SECOND AVENUE SAN MATEO, CA 94401	94-1186169	501C3	25,000.	0.			PROGRAM GRANT - CENSUS
PERALTA COLLEGES FOUNDATION 333 EAST 8TH STREET OAKLAND, CA 94606	23-7091547	501C3	10,000.	0.			PROGRAM GRANT
PERFORMING STARS OF MARIN 271 DRAKE AVENUE SAUSALITO, CA 94965	94-3136030	501C3	20,284.	0.			PROGRAM GRANT - CENSUS
PLANNED PARENTHOOD MAR MONTE INC 1605 THE ALAMEDA SAN JOSE, CA 95050	94-1583439	501C3	40,000.	0.			PROGRAM GRANT - EQUITY
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501C3	51,903.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS

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
PROJECT ACCESS INC 2100 W. ORANGEWOOD AVE., STE 230 ORANGE, CA 92868	33-0834635	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501C3	127,088.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID, VITA
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - 952 NAPA STREET - NAPA, CA 94559	20-3126333	501C3	36,600.	0.			PROGRAM GRANT - VITA
RAPHAEL HOUSE OF SAN FRANCISCO 1065 SUTTER STREET SAN FRANCISCO, CA 94019	94-3141608	501C3	22,009.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
REBEKAH CHILDRENS SERVICES 290 I.O.O.F. AVENUE GILROY, CA 95020	94-1167402	501C3	5,689.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
REDWOOD CITY SCHOOL DISTRICT 750 BRADFORD STREET REDWOOD CITY, CA 94063	94-6001116	501C3	70,000.	0.			PROGRAM GRANT - EQUITY
RENAISSANCE ENTREPRENEURSHIP CENTER - 275 5TH STREET - SAN FRANCISCO, CA 94103	94-2793122	501C3	11,600.	0.			PROGRAM GRANT - CENSUS, VITA
RICHMOND COMMUNITY FOUNDATION 1014 FLORIDA AVENUE, SUITE 200 RICHMOND, CA 94804	94-3337754	501C3	775,604.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID, EQUITY, VITA
RICHMOND MAIN STREET INITIATIVE 1600 NEVIN PLAZA RICHMOND, CA 94801	68-0481132	501C3	10,000.	0.			PROGRAM GRANT - CENSUS

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
RICHMOND NEIGHBORHOOD HOUSING SERVICES INC. - 12972 SAN PABLO AVENUE - RICHMOND, CA 94805	94-2791683	501C3	10,000.	0.			PROGRAM GRANT - CENSUS, COVID
RICHMOND PROGRESSIVE ALLIANCE 2540 MACDONALD RICHMOND, CA 94804	37-1777173	501C3	9,650.	0.			PROGRAM GRANT - CENSUS
RUBICON PROGRAMS, INC 2500 BISSELL AVENUE RICHMOND, CA 94804	94-2301550	501C3	14,073.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - VITA
RUBY'S PLACE 20880 BAKER ROAD CASTRO VALLEY, CA 94546	94-2212241	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
RYSE INC 205 - 41ST STREET RICHMOND, CA 94805	26-0692904	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501C3	413,237.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID, VITA
SAFE ALTERNATIVES TO VIOLENT ENVIRONMENTS, INC. - 1900 MOWRY AVENUE, SUITE 201 - FREMONT, CA 94538	94-2520559	501C3	20,000.	0.			PROGRAM GRANT - COVID
SALVATION ARMY GOLDEN STATE DIVISION - PO BOX 193465 - SAN FRANCISCO, CA 94119	94-1156347	501C3	100,985.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, EMERG ASSISTANCE
SAMARITAN HOUSE 4031 PACIFIC BLVD., 3RD FLOOR SAN MATEO, CA 94403	23-7416272	501C3	248,917.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, VITA

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 ANTONIO COMMUNITY DEVELOPMENT CORP - 2228 EAST 15TH STREET - OAKLAND, CA 94606	94-2675448	501C3	22,000.	0.			PROGRAM GRANT - VITA
SAN FRANCISCO ASSOCIATION OF REALTORS FDN - 301 GROVE STREET - SAN FRANCISCO, CA 94102	94-3158665	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO HOUSING DEVELOPMENT CORPORATION - 4439 THIRD STREET - SAN FRANCISCO, CA 94124	94-3090854	501C3	7,700.	0.			PROGRAM GRANT - VITA
SAN FRANCISCO MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	9,239.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO SPCA 201 ALABAMA STREET SAN FRANCISCO, CA 94103	94-0836580	501C3	5,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO WOMENS CENTER 3543 18TH STREET, STE 8 SAN FRANCISCO, CA 94110	94-1730620	501C3	21,567.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, VITA
SAN JOSE PUBLIC LIBRARY FOUNDATION P.O. BOX 611540 SAN JOSE, CA 95161	77-0142379	501C3	13,378.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT - 40 SOUTH MARKET STREET - SAN JOSE, CA 95113	77-0100756	501C3	217,000.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, VITA
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501C3	186,500.	0.			PROGRAM GRANT - COVID, EQUITY, VITA

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 MATEO COUNTY UNION COMMUNITY ALLIANCE - 1153 CHESS DRIVE, SUITE 200 - FOSTER CITY, CA 94404	73-1656669	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
SANTA CLARA COUNTY ANIMAL SHELTER 1555 BERGER DRIVE SAN JOSE, CA 95112	94-6000533	501C3	14,515.	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	9,570.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501C3	345,780.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
SELF-HELP ECONOMIC DEVELOPMENT, INC - 1330 BROADWAY, SUITE 604 - OAKLAND, CA 94612	20-5330006	501C3	20,000.	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	28,959.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - VITA
SERVICES IMMIGRATION RIGHTS & EDUCATION NETWORK - 1415 KOLL CIRCLE, SUITE 108 - SAN JOSE, CA 95112	77-0487468	501C3	35,564.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS
SHELTER, INC. 1333 WILLOW PASS RD STE 206 CONCORD, CA 94520	68-0117241	501C3	52,590.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
SHIPLEY SCHOOL 814 YARROW STREET BRYN MAWR, PA 19010	23-1352677	501C3	10,000.	0.			PROGRAM GRANT - CENSUS

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
SILICON VALLEY COUNCIL OF NONPROFITS - 1400 PARKMOOR AVENUE, SUITE 13 - SAN JOSE, CA 95126	77-0524747	501C3	30,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SILICON VALLEY CREATES 38 W. SANTA CLARA ST. SAN JOSE, CA 95113	94-2825213	501C3	12,357.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SMILE TRAIN INC 41 MADISON AVENUE, #28TH FLOOR NEW YORK, NY 10010	13-3661416	501C3	5,075.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SMILEY, ROBIN 1621 HARRIS AVENUE BELLINGHAM, WA 98225	55-2043058	501C3	7,500.	0.			PROGRAM GRANT
SOCIAL GOOD FUND INC 12651 SAN PABLO AVE., UNIT 5473 RICHMOND, CA 94805	46-1323531	501C3	22,372.	0.			PROGRAM GRANT
SOCIETY OF ST. VINCENT DE PAUL ALAMEDA COUNTY - 2272 SAN PABLO AVENUE - OAKLAND, CA 94612	94-1156493	501C3	40,500.	0.			PROGRAM GRANT
SOLANO COUNTY DISTRICT COUNCIL 7897 ELIZABETH ROAD VACAVILLE, CA 95688	47-3175154	501C3	15,000.	0.			PROGRAM GRANT
SOMOS MAYFAIR INC 370 S KING ROAD SAN JOSE, CA 95116	77-0499813	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
SPARKPOINT CONTRA COSTA 1000-C MACDONALD AVENUE RICHMOND, CA 94801	94-3337754	501C3	9,000.	0.			PROGRAM GRANT - CENSUS

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
ST DOMINICS CATHOLIC CHURCH 2390 BUSH STREET SAN FRANCISCO, CA 94115	94-1711359	501C3	10,973.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST JOSEPHS FAMILY CENTER 7950 CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775	501C3	133,000.	0.			PROGRAM GRANT - COVID, EMERG ASSISTANCE
ST MARY CATHOLIC CHURCH 2051 MT DIABLO BLVD WALNUT CREEK, CA 94596	94-1156831	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID
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 VINCENT FERRER CHURCH 925 SACRAMENTO STREET VALLEJO, CA 94590	94-1156830	501C3	8,501.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLAZA - MEMPHIS, TN 38105	62-0646012	501C3	13,847.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. MARY'S CENTER P.O. BOX 23403 OAKLAND, CA 94623	68-0172229	501C3	25,177.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. VINCENT DE PAUL OF CONTRA COSTA COUNTY - 2210 GLADSTONE DRIVE - PITTSBURG, CA 94565	94-1448577	501C3	40,000.	0.			PROGRAM GRANT - COVID
ST. VINCENT DE PAUL OF SAN MATEO COUNTY - 50 NORTH B STREET - SAN MATEO, CA 94401	94-1375833	501C3	25,000.	0.			PROGRAM GRANT - COVID

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
ST. VINCENT DE PAUL SOCIETY, DISTRICT COUNCIL OF MARIN CO. - 822 B STREET - SAN RAFAEL, CA 94901	94-1207701	501C3	40,000.	0.			PROGRAM GRANT - COVID
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309	94-1156365	501C3	28,358.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUMMER SEARCH 101 HOWARD STREET, SUITE 250 SAN FRANCISCO, CA 94105	68-0200138	501C3	12,259.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501C3	264,220.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID, EMERG ASSISTANCE
SUPPORT LIFE FOUNDATION 3349 INTERNATIONAL BLVD #3 OAKLAND, CA 94601	47-1675693	501C3	47,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 401 VAN NESS AVE., SUITE 313 - SAN FRANCISCO, CA 94102	94-2260626	501C3	20,475.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - COVID
TAX-AID 235 MONTGOMERY STREET, SUITE 1155 SAN FRANCISCO, CA 94104	94-3062518	501C3	12,500.	0.			PROGRAM GRANT - CENSUS, VITA
THE BERKELEY FRIENDS CHURCH DBA BERKLEY FOOD PANTRY - 1600 SACRAMENTO STREET - BERKELEY, CA 94702	94-6003752	501C3	10,000.	0.			PROGRAM GRANT
THE DAVIS STREET COMMUNITY CENTER, INC. - 3081 TEAGARDEN STREET - SAN LEANDRO, CA 94577	94-3121699	501C3	50,000.	0.			PROGRAM GRANT - COVID

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
THE FATHERS HOUSE 126 PEABODY ROAD VACAVILLE, CA 95687	68-0408159	501C3	10,767.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE FRIENDS OF CHABOT COLLEGE 25555 HESPERIAN BOULEVARD HAYWARD, CA 94545	46-3708462	501C3	20,000.	0.			PROGRAM GRANT - COVID
THE LATINA CENTER 3701 BARRETT AVE. RICHMOND, CA 94805	68-0470904	501C3	20,000.	0.			PROGRAM GRANT - COVID
THE SPAHR CENTER 150 NELLEN AVENUE CORTE MADERA, CA 94925	68-0072470	501C3	7,500.	0.			PROGRAM GRANT - CENSUS
THE UNITY COUNCIL OF ALAMEDA COUNTY INC - 1900 FRUITVALE AVENUE, STE 2A - OAKLAND, CA 94601	94-1670490	501C3	50,117.	0.			PROGRAM GRANT - CENSUS, COVID, VITA
THRIVE ALLIANCE 330 TWIN DOLPHIN DR., STE 155 REDWOOD CITY, CA 94065	20-4745089	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
TIDES CENTER/BARHII PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501C3	125,000.	0.			PROGRAM GRANT
TRAVIS CREDIT UNION P O BOX 2069 VACAVILLE, CA 95696	82-4159040	501C3	8,800.	0.			PROGRAM GRANT - VITA
TRI-CITY HEALTH CENTER 40910 FREMONT BLVD. FREMONT, CA 94538	23-7255435	501C3	15,000.	0.			PROGRAM GRANT - COVID

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
TRIPS FOR KIDS MARIN 610 4TH STREET SAN RAFAEL, CA 94901	68-0159458	501C3	5,777.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
TRYBE INC. 1341 E 25TH STREET, SUITE B OAKLAND, CA 94606	46-4328520	501C3	12,500.	0.			PROGRAM GRANT - CENSUS
UCSF BENIOFF CHILDRENS HOSPITAL BOX 45339 SAN FRANCISCO, CA 94145	94-1657474	501C3	7,450.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED INDIAN NATIONS, INC. 1122 DAVIS STREET SAN LEANDRO, CA 94577	94-2551170	501C3	10,000.	0.			PROGRAM GRANT - CENSUS
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	94-1322169	501C3	9,711.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY NORTHERN CALIF BUTTE CO FIRE - PO BOX 990248 - REDDING, CA 96099	94-1251675	501C3	67,343.	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	7,282.	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	97,802.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - VITA
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	86-6050388	501C3	5,652.	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
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394	501C3	17,875.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNIVERSITY OF WASHINGTON SCHOOL OF LAW - OFFICE OF ADVANCEMENT WILLIAM H. GATES HALL BOX 353020 - SEATTLE, WA 98195	94-3079432	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - SAINT HELENA, CA 94574	80-0023012	501C3	46,500.	0.			PROGRAM GRANT - COVID, VITA
URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE ST SAN FRANCISCO, CA 94117	94-1622034	501C3	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
URBAN STRATEGIES COUNCIL 1720 BROADWAY, 2ND FLOOR OAKLAND, CA 94612	94-3044453	501C3	25,000.	0.			PROGRAM GRANT - CENSUS
USA CYCLING, INC. 210 USA CYCLING POINT, SUITE 100 COLORADO SPRINGS, CO 80919	84-1284437	501C3	25,983.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
VIETNAMESE AMERICAN COMMUNITY CENTER OF THE EAST BAY - 655 INTERNATIONAL BLVD - OAKLAND, CA 94606	20-5358946	501C3	15,000.	0.			PROGRAM GRANT - CENSUS
VIETNAMESE AMERICAN ROUNDTABLE (VAR) - 1511 YOSEMITE DRIVE - MILPITAS, CA 95035	82-1802251	501C3	20,000.	0.			PROGRAM GRANT - CENSUS
VMC FOUNDATION 2400 CLOVE DRIVE SAN JOSE, CA 95128	77-0187890	501C3	118,025.	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
WEHOPE 1854 BAY ROAD E. PALO ALTO, CA 94303	94-3342713	501C3	30,000.	0.			PROGRAM GRANT - COVID
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685	501C3	230,786.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID, EMERG ASSISTANCE, EQUITY, VITA
WESTERN CENTER ON LAW & POVERTY 3701 WILSHIRE BLVD, STE 208 LOS ANGELES, CA 90010	95-2897721	501C3	8,334.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WILDAID 333 PINE STREET, SUITE 300 SAN FRANCISCO, CA 94104	20-3644441	501C3	5,076.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WOODSIDE SCHOOL FOUNDATION 3195 WOODSIDE ROAD WOODSIDE, CA 94062	94-2928552	501C3	15,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WORKING PARTNERSHIPS USA 2102 ALMADEN RD., SUITE 112 SAN JOSE, CA 95125	77-0387535	501C3	25,000.	0.			PROGRAM GRANT - CENSUS
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	20-2370934	501C3	13,128.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501C3	7,500.	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	56,420.	0.			DESIGNATED BY DONOR TO AGENCY & PROGRAM GRANT - CENSUS, COVID

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
YWCA OF SAN FRANCISCO & MARIN 940 POWELL STREET SAN FRANCISCO, CA 94108	94-0997420	501C3	24,000.	0.			PROGRAM GRANT - CENSUS, COVID
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 94518	94-3333365	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CORNERSTONE COMMUNITY DEVELOPMENT DBA BFWC - 1395 BANCROFT AVENUE - SAN LEANDRO, CA 94577	94-3100741	501C3	20,000.	0.			PROGRAM GRANT - COVID
INSPIRING YOU! MINISTRIES, INC. 915 W. 4TH STREET ANTIOCH, CA 94509	61-0185309	501C3	7,500.	0.			PROGRAM GRANT - CENSUS

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

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

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

PART I, LINE 2:

FUNDING ALLOCATED TO AGENCIES AS DIRECTED BY DONORS:

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

ALLOCATIONS AND RE-GRANTS TO PARTNERS:

Part IV Supplemental Information

UNITED WAY OF THE BAY AREA PARTNERS WITH OTHER 501(C)3 ORGANIZATIONS/PARTNERS TO SUPPORT ITS MISSION IN VARIOUS PROGRAM AREAS. GRANT PROPOSALS ARE EVALUATED ON THE BASIS OF THEIR ALIGNMENT WITH UWBA'S STRATEGIC PLAN AS WELL AS THE AGENCY'S ABILITY TO DEMONSTRATE HIGH STANDARDS IN FISCAL AND PROGRAMMATIC OPERATIONS AND OVERALL ORGANIZATIONAL STRENGTH.

Blank lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **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**

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

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

Schedule J (Form 990) 2019

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 (THRU 05/20)	(i)	393,072.	0.	7,654.	102,634.	0.	503,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRAUN, JOAN CHIEF OPERATING OFFICER (THRU 09/19)	(i)	182,564.	0.	110,409.	33,620.	37,401.	363,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GRIFFIN, SIDNEY CHIEF MARKETING OFFICER	(i)	178,079.	0.	1,052.	11,441.	32,275.	222,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SCHAUER, JOHN (THRU 10/19) VP, INFORMATION TECHNOLOGY	(i)	118,471.	0.	55,738.	34,217.	20,353.	228,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BATSON, KELLY SENIOR VP, CIT	(i)	159,954.	0.	5,685.	9,962.	9,918.	185,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KUKOVIC, LIDIYA VP, CONTROLLER (THRU 12/19)	(i)	142,226.	0.	960.	11,855.	18,471.	173,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICHOLS, VIRGINIA (THRU 10/19) SR DIRECTOR, CORP RELATIONS	(i)	95,192.	0.	36,611.	7,900.	18,471.	158,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GOOCH, NORA (THRU 06/19) CHIEF DEVELOPMENT OFFICER	(i)	127,446.	0.	2,263.	6,180.	19,493.	155,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT INCLUDED IN COLUMN B(III) DURING THE 2019 CALENDAR YEAR.:

JOAN BRAUN - 91,515

JOHN SHAVER - 48,425

VIRGINIA NICHOLS - 29,820

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 AND VP, IT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and 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	22	377,058.	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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

FORM 990, PART I, LINE 6

VOLUNTEERS

VOLUNTEER NUMBER INCLUDES VOLUNTEERS WHO PROVIDE DIRECT SERVICE TO

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

FUNDRAISERS AND CAMPAIGN COORDINATORS, ADVOCACY AND PUBLIC POLICY

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

PROGRAMS, AS WELL AS VOLUNTEER MATCHING REFERRALS THAT MATCH AND

MOBILIZE VOLUNTEERS STRATEGICALLY TO MEET IDENTIFIED COMMUNITY NEEDS.

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

100 OUTSTANDING PARTNER ORGANIZATIONS ACROSS THE BAY AREA.

FISCAL YEAR 2020 HIGHLIGHTS INCLUDE: 217 CLIENTS ACHIEVED

SELF-SUFFICIENT INCOME, 1,789 CLIENTS ARE MAKING PROGRESS TOWARD ONE

ELEMENT OF FINANCIAL PROSPERITY: SELF-SUFFICIENT INCOME, 3 MONTHS'

SAVINGS, 700 CREDIT SCORE, NO REVOLVING DEBT. THERE ARE MORE THAN 20

LOCATIONS THROUGHOUT OUR 8 COUNTIES, WITH TWO NEW COMMUNITY COLLEGE

LOCATIONS PLANNED TO OPEN IN FY21.

THE EARN IT! KEEP IT! SAVE IT! ("EKS"), A VOLUNTEER INCOME TAX

ASSISTANCE PROGRAM ("VITA"), 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

2019 TAX SEASON, 2,887 VOLUNTEERS PREPARED MORE THAN 80,595 RETURNS AND

BROUGHT BACK OVER \$80.6 MILLION IN REFUNDS. ADDITIONALLY, \$20.1 MILLION

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

OF THOSE REFUNDS WAS IN EARNED INCOME TAX CREDIT ("EITC"). EITC GOES TO THE POOREST, MOST VULNERABLE BAY AREA HOUSEHOLDS AND HAS BEEN IDENTIFIED BY POVERTY-FIGHTING EXPERTS AS ONE OF THE MOST EFFECTIVE PROGRAMS NATIONALLY, LIFTING MILLIONS OF PEOPLE ABOVE THE FEDERAL POVERTY LEVEL EVERY YEAR. FAMILIES USE THEIR REFUNDS PRIMARILY TO PAY BILLS, RENT, AND TO BUY FOOD OR CLOTHES. THROUGH ITS TAX PREPARATION EFFORTS, EKS PROVIDES RESOURCES TO MEET BASIC NEEDS, WHICH IS CRITICAL TO ENDING THE CYCLE OF POVERTY IN THE BAY AREA. EKS HAS 230 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 PROGRAMMING INCLUDES OUR BUSINESS PATHWAYS INTERNSHIP PROGRAM, WHERE 23 INTERNS WERE PLACED IN LOCAL COMPANIES FOR 10-WEEK INTERNSHIP AND WEEKLY PROFESSIONAL DEVELOPMENT SEMINARS. THE TEAM ALSO CONDUCTED SEVERAL YOUTH EMPLOYMENT EVENTS: 1) CAREERPREP BRINGS VOLUNTEERS IN TO SUPPORT YOUNG PEOPLE IN PREPARING FOR INTERVIEWS AND JOB SEARCHES THROUGH MOCK INTERVIEWS AND RESUME REVIEW AND 2) ONTRACK IS A CAREER EXPOSURE EVENT WHERE EMPLOYERS TALK AND PRESENT ON THEIR INDUSTRY OR COMPANY TO EXPOSE YOUNG PEOPLE TO VARIOUS CAREER PATHS. IN SAN FRANCISCO, THIS EVENT WAS HELD IN PARTNERSHIP WITH THE AFRICAN AMERICAN ACHIEVEMENT INITIATIVE AND SPECIFICALLY FOCUSED ON YOUNG PEOPLE OF COLOR AND PROFESSIONALS WHO ARE PEOPLE OF COLOR TO INCREASE THEIR SAVINGS.

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

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

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 FISCAL YEAR 2020, UWBA DISTRIBUTED MORE THAN \$2.1 MILLION IN EIGHT COUNTIES TO AGENCIES THAT PROVIDED MILLIONS OF MEALS AND THOUSANDS OF SHELTER NIGHTS. IN ADDITION, OUR EMERGENCY ASSISTANCE NETWORK IN SANTA CLARA COUNTY WAS ABLE TO PROVIDE FINANCIAL ASSISTANCE TO 917 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 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. THE SUPPORTS PROVIDED BY OUR LABOR LIAISONS BECAME INCREASINGLY IMPORTANT AS THE ECONOMIC EFFECTS OF THE PANDEMIC CONTINUED. IN FISCAL YEAR 2020, OUR LABOR LIAISONS IN TWO COUNTIES (SAN MATEO AND SAN FRANCISCO) HELPED 184 BAY AREA FAMILIES RECEIVE DIRECT HARDSHIP ASSISTANCE, 5,100 INDIVIDUALS WERE SERVED BY THE WE RISE SF PROGRAM, 91 STUDENTS GRADUATED FROM THE TRADES INTRODUCTION PROGRAM, AND 26,419 INDIVIDUALS RECEIVED FOOD ASSISTANCE FROM THE SAN MATEO COUNTY LABOR WEEKLY FOOD DISTRIBUTION. 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. IN ADDITION, LABOR

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

LIAISONS WERE KEY PARTNERS IN THE OVERALL CENSUS EFFORTS IN THEIR COUNTIES.

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 FISCAL YEAR 2020, WE WORKED ALONGSIDE OUR CA SYSTEM TO SUCCESSFULLY ADVOCATE FOR THE CA EARNED INCOME TAX CREDIT EXPANSION. UWBA ENGAGED THE PUBLIC POLICY COMMITTEE IN MEETING DISCUSSIONS TO SUPPORT STATEWIDE AND LOCAL LEGISLATION THAT WOULD INCREASE AFFORDABLE HOUSING. TYPICAL ADVOCACY DAYS IN SACRAMENTO AND WASHINGTON D.C. TAKE PLACE IN THE SPRING AND EARLY SUMMER; HOWEVER, VIRTUAL ADVOCACY VISITS DID HAPPEN AS NEEDED AFTER SHELTER IN PLACE WENT INTO EFFECT.

SPECIAL INITIATIVES

THIS YEAR UWBA FUNCTIONED AS THE ADMINISTRATIVE BACKBONE FOR THE REGION'S EFFORTS TO GET A COMPLETE COUNT IN THE 2020 CENSUS. UWBA'S BAY AREA COUNTS 2020 WAS A \$3.7 MILLION REGIONAL CENSUS OUTREACH INITIATIVE, INCLUDING GRANTMAKING, REGIONAL COORDINATION, DATA STEWARDSHIP, AND TECHNICAL ASSISTANCE TO HUNDREDS OF PARTNERS. DESPITE SHIFTING DEADLINES, WIDESPREAD DISINFORMATION, AND THE CANCELLATION OF IN-PERSON EVENTS, 75.7% OF ALL HOUSING UNITS IN THE BAY AREA COMPLETED

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

THE CENSUS. UWBA COUNTIES ALSO REPORTED FOUR OF THE FIVE HIGHEST
RESPONSE RATES IN THE STATE.

IN MARCH 2020. UWBA LAUNCHED THE COVID-19 COMMUNITY RELIEF FUND TO
SUPPORT THE SHORT- AND LONG-TERM RESPONSE AND RECOVERY EFFORTS OF
NONPROFIT ORGANIZATIONS THROUGHOUT THE BAY AREA. THE FUND FOCUSED ON
BASIC NEEDS, TECHNOLOGY INFRASTRUCTURE, PPE, SUPPORTS FOR WORKERS, AND
RELIABLE PUBLIC MESSAGING THROUGH:

-211. THROUGH GRANTS TO PARTNERS, UWBA WAS ABLE TO HAVE THIS IMPACT:

-4.87 MILLION WAS DISTRIBUTED TO OVER 130 BAY AREA ORGANIZATIONS (THIS
INCLUDES FY21 DISTRIBUTIONS)

-2,933 INDIVIDUALS RECEIVED RENTAL ASSISTANCE

-6,173 HOUSEHOLDS RECEIVED CASH ASSISTANCE FOR GROCERIES, GAS, AND
OTHER BILLS

-165 HOUSEHOLDS EXPERIENCING HOMELESSNESS OR DOMESTIC VIOLENCE RECEIVED
MOTEL VOUCHERS, FOR A TOTAL OF 1,217 NIGHTS

-OVER 4.8 MILLION MEALS

CREATED BY WELLS FARGO WITH AN INITIAL INVESTMENT OF \$750,000 AND
SUPPORTED BY DOZENS OF ADDITIONAL FUNDERS SINCE JUNE 2020, UWBA'S
RENTAL RELIEF FUND PROVIDED OVER \$517,000 IN RENTAL ASSISTANCE TO MORE
THAN 300 FAMILIES THROUGH SPARKPOINT CENTERS AND LOCAL COMMUNITY
PARTNERS. UWBA IS CONTINUING TO RAISE AND DISBURSE FUNDS TO AID MORE
FAMILIES ACROSS THE REGION. KEEPING EQUITY FRONT AND CENTER, SPARKPOINT
CENTERS TARGETED OUTREACH TO THOSE MOST IN NEED OF THE FUNDS USING
URBAN INSTITUTE'S DATA ON WHO TO PRIORITIZE FOR RENTAL ASSISTANCE.
EXPENSES \$ 8,664,085. INCLUDING GRANTS OF \$ 6,534,222. REVENUE \$ 0.

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

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

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

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

THE ARTICLES OF INCORPORATION WERE UPDATES TO INCLUDE THE ADDITION OF THE SOLE MEMBER UNITED WAY WORLDWIDE.

THE BYLAWS INCLUDED CHANGES TO THE FOLLOWING AREAS:

- THE NUMBER OF DIRECTOR'S CHANGED FROM A 30 MEMBER BOARD TO A 9 MEMBER BOARD.

- THE BOARD CONSISTS OF 6 MEMBERS ELECTED BY THE SOLE MEMBER UWW, AND 3 MEMBERS ELECTED BY UWBA

- THE OFFICER OF THE CORPORATION WERE INCLUDE ONLY A CHAIR OF THE BOARD, A CHAIR ELECT, A PRESIDENT, A SECRETARY, AND A TREASURER.

- THE ADDITION OF PROCESS REGARDING RECEIPT, INVESTMENT AND DISBURSEMENT OF FUNDS

- THE REMOVAL OF SECTIONS REGARDING COMMITTEES

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

UWBA'S SOLE MEMBER IS UNITED WAY WORLDWIDE ("UWW")

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER HAS THE POWER TO ELECT 6 MEMBERS OF THE 9 MEMBER BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

NO AMENDMENTS TO THE BYLAWS WILL BE EFFECTIVE UNTIL APPROVED BY THE SOLE MEMBER.

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

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

THE CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEWS A FINAL DRAFT OF 990. THE RETURN IS PRESENTED AND REVIEWED BY THE THE AUDIT COMMITTEE PRIOR TO PRESENTING IT TO ALL VOTING MEMBERS OF THE BOARD FOR INFORMATIONAL REVIEW PRIOR TO SUBMISSION. 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 BOARD ON THE BASIS OF A FULL DISCLOSURE OF THE FACTS.

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

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 YEAR TO REVIEW CURRENT DATA, ANALYZE BUDGET ISSUES AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS. MINIMALLY, THE BOARD

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

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 -2,369,990.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY WORLDWIDE - 13-1635294 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	LEADERSHIP AND SUPPORT FOR THE UWW NETWORK AROUND THE WORLD	NEW YORK	501(C)(3)	LINE 7			X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m	X	
1n		X
1o	X	
1p	X	
1q	X	
1r		X
1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Department of the Treasury
Internal Revenue Service

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

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE BAY AREA	Taxpayer identification number (TIN) 94-1312348
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 550 KEARNY ST, NO. 1000	
	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

MARK SUTTON

- The books are in the care of ▶ **550 KEARNY ST, #1000 - SAN FRANCISCO, CA 94108**
Telephone No. ▶ **703-683-7869** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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.