

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>UNITED WAY OF THE BAY AREA</b>	Taxpayer identification number (TIN)  <b>94-1312348</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>550 KEARNY ST, NO. 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94108</b>	

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

**ROBERT BENAVIDEZ**

- The books are in the care of ► **550 KEARNY ST, #1000 - SAN FRANCISCO, CA 94108**  
Telephone No. ► **415-808-4390** 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

- 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

<b>3a</b> 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.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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.

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**UNITED WAY OF THE BAY AREA**

Doing business as **UNITED WAY BAY AREA**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**550 KEARNY ST 1000**

City or town, state or province, country, and ZIP or foreign postal code  
**SAN FRANCISCO, CA 94108**

**F** Name and address of principal officer: **KEVIN ZWICK**  
**SAME AS C ABOVE**

**D** Employer identification number

**94-1312348**

**E** Telephone number

**415-808-4300**

**G** Gross receipts \$

**46,605,996.**

**H(a)** Is this a group return

for subordinates? ..... ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 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	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>65</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>2211</b>
		<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>31,542,519.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>2,100,367.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>685,436.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>114,454.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>34,442,776.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>6,492,533.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,496,072.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>5,353,524.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>32,150,150.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>2,292,626.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>28,140,055.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>13,990,770.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>14,149,285.</b>

## Part II Signature Block

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

Sign Here	Signature of officer		Date		
	<b>ROBERT BENAVIDEZ, CFO</b>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>TRACY S. PAGLIA</b>	<b>TRACY S. PAGLIA</b>	<b>05/16/22</b>		<b>P00366884</b>
	Firm's name ▶	Firm's EIN ▶			
	<b>MOSS ADAMS LLP</b>	<b>91-0189318</b>			
	Firm's address ▶	Phone no.			
	<b>101 SECOND STREET SUITE 900</b>	<b>415-956-1500</b>			
	<b>SAN FRANCISCO, CA 94105</b>				

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 ☒**1** Briefly describe the organization's mission:

UWBA MOBILIZES THE BAY AREA TO DISMANTLE THE ROOT CAUSES OF POVERTY AND BUILD EQUITABLE PATHWAYS TO PROSPERITY. THROUGH INITIATIVES AND POLICY CHANGE, WE PROVIDE IMMEDIATE AND LONG TERM SUPPORT FOR EMPLOYMENT, HOUSING, FINANCIAL STABILITY, AND MEETING BASIC NEEDS.

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 7,634,090. including grants of \$ 4,143,640. ) (Revenue \$ 0. )

ECONOMIC SUCCESS - SPARKPOINT HAS SERVED MORE THAN 30,000 INDIVIDUALS SINCE LAUNCHING SPARKPOINT OAKLAND IN 2009, AND APPROXIMATELY 8,279 PEOPLE IN THE LAST YEAR ALONE.

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 100 OUTSTANDING PARTNER

**4b** (Code: ) (Expenses \$ 3,369,058. including grants of \$ 3,369,058. ) (Revenue \$ 19,784. )

GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES

**4c** (Code: ) (Expenses \$ 1,614,969. including grants of \$ 0. ) (Revenue \$ 218,087. )

211 PROGRAM - 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 76,831 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. 211 CONTINUED TO TAKE COVID RELATED CALLS THROUGHOUT FY21. 211 ALSO PLAYED AN INTEGRAL ROLE IN PROVIDING INFORMATION ABOUT THE VARIOUS COVID RELIEF STIMULUS, BOTH FEDERAL AND STATE.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 4,974,815. including grants of \$ 4,347,766. ) (Revenue \$ 0. )

**4e** Total program service expenses 17,592,932.

Form 990 (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b> X	
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	13
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	65
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	10			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		10		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (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 **▶**  
**ROBERT BENAVIDEZ - 415-808-4390**  
**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 FORMER CEO (THRU 5/20)	37.50 0.00						X	490,321.	0.	470,444.
(2) GRIFFIN, SIDNEY (THRU 01/21) COMMUNITY MOBILIZATION OFFICER	37.50 0.00				X			194,364.	0.	53,612.
(3) ZWICK, KEVIN CHIEF EXECUTIVE OFFICER	37.50 0.00			X				150,688.	0.	61,928.
(4) BUENAVISTA, SARAHVON DIRECTOR, IT	37.50 0.00					X		120,940.	0.	90,511.
(5) BATSON, KELLY A. CHIEF COMMUNITY IMPACT OFFICER	37.50 0.00				X			166,033.	0.	18,419.
(6) YASUHARA LI, ENA VICE PRESIDENT, IMPACT STRATEGIES	37.50 0.00					X		129,452.	0.	6,272.
(7) THOMAS-HASSAN, CHERYL SENIOR DIRECTOR, HUMAN RESOURCES	37.50 0.00					X		118,949.	0.	15,980.
(8) TORRES, MAUREEN M SENIOR DIRECTOR, GIFT PROCESSING	37.50 0.00					X		114,547.	0.	16,177.
(9) HASHAGEN, THEODOSIA B. SENIOR DIRECTOR, INSTITUTIONAL GIVIN	37.50 0.00					X		108,782.	0.	21,621.
(10) BREBER, PIERRE BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(11) JOHNSON, KEVIN SECRETARY, GOVERNANCE COMMITTEE	2.00 0.00	X		X				0.	0.	0.
(12) MCCARTHY, GIOIA TREASURER	2.00 0.00	X		X				0.	0.	0.
(13) BRANCH, MICHELLE DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) CABA, OUSMANE DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) HERBERT III, JAMES DIRECTOR, AUDIT COMMITTEE	2.00 0.00	X						0.	0.	0.
(16) LARA, ALICIA DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) MANZO, PETE DIRECTOR	2.00 0.00	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) ROGERS, MATT DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) STREET, ERIC DIR., CHAIR TOCQ SOC, AUDIT COM	2.00 0.00	X						0.	0.	0.
(20) SUTTON, MARK INTERIM CFO (THRU 06/21)	37.50 0.00			X				0.	0.	0.
(21) BENAVIDEZ, ROBERT CHIEF FINANCIAL & OPERATIONS OFFICER	37.50 0.00			X				0.	0.	0.
<b>1b Subtotal</b>								1,594,076.	0.	754,964.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,594,076.	0.	754,964.

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

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

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAYS OF CA, 702 COUNTY SQUARE DR. UNIT 100, VENTURA, CA 93003	211 CONSULTING SERVICES	1,300,024.
BRAZER COMMUNICATIONS 47 PARK AVE, MILL VALLEY, CA 94941	MEDIA SERVICES	454,200.
LANXPART CORPORATION DBA INTIVIX, 2443 FILLMORE STREET #380-16723, SAN FRANCISCO,	IT SERVICES	162,211.
MOSS ADAMS, LLP PO BOX 101822, PASADENA, CA 91189	AUDIT/TAX SERVICES	133,125.
GALLAGHER BENEFIT SERVICES INC, 2850 GOLF RD - 5TH FLOOR, ROLLING MEADOWS, IL 60008	PENSION SERVICES	131,177.

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

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Form 990 (2020)

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	8,614,245.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	32,255,552.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 458,847.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		40,869,797.			
<b>Program Service Revenue</b>	<b>2 a</b>	PLEDGE PROCESSING FEES	Business Code	900099	218,087.	218,087.	
	<b>b</b>	CONSULTING FEE INCOME	900099	19,784.	19,784.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		237,871.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		730,997.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	8,402.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	0.			
<b>c</b>		Rental income or (loss) .....		8,402.			
<b>d</b>		Net rental income or (loss) .....		8,402.			8,402.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	4,758,929.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	4,627,853.			
<b>c</b>		Gain or (loss) .....		131,076.			
<b>d</b>		Net gain or (loss) .....		131,076.			131,076.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		41,978,143.	237,871.	0.	870,475.

**Part IX Statement of Functional Expenses**

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,860,464.	11,860,464.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	720,999.	480,036.	124,963.	116,000.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	199,341.	79,737.	59,802.	59,802.
<b>7</b> Other salaries and wages	3,570,313.	1,501,920.	970,704.	1,097,689.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	284,568.	109,884.	95,043.	79,641.
<b>9</b> Other employee benefits	708,081.	311,638.	187,884.	208,559.
<b>10</b> Payroll taxes	319,309.	131,926.	101,665.	85,718.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	173,435.		173,435.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	142,927.		142,927.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,820,718.	1,904,154.	749,699.	166,865.
<b>12</b> Advertising and promotion	703,515.	522,303.	63,879.	117,333.
<b>13</b> Office expenses	640,880.	93,865.	480,719.	66,296.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,038,903.	241,400.	689,503.	108,000.
<b>17</b> Travel	14,723.	1,396.	11,063.	2,264.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	23,595.	8,492.	10,422.	4,681.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	680,826.	170,386.	128,501.	381,939.
<b>22</b> Depreciation, depletion, and amortization	143,478.	51,273.	92,205.	
<b>23</b> Insurance	61,667.		61,667.	
<b>24</b> 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.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	148,674.	124,058.	23,331.	1,285.
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,256,416.	17,592,932.	4,167,412.	2,496,072.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,284,589.	<b>1</b>	2,092,551.
	<b>2</b> Savings and temporary cash investments .....	205,587.	<b>2</b>	928,274.
	<b>3</b> Pledges and grants receivable, net .....	9,753,620.	<b>3</b>	7,907,169.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	160,000.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	236,781.	<b>9</b>	14,899.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,283,756.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,141,813.		
	<b>11</b> Investments - publicly traded securities .....	251,525.	<b>10c</b>	141,943.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	14,046,845.	<b>11</b>	36,881,237.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	201,108.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	28,140,055.	<b>15</b>	244,270.	
<b>17</b> Accounts payable and accrued expenses .....	8,002,633.	<b>16</b>	48,210,343.	
<b>18</b> Grants payable .....	1,997,885.	<b>17</b>	5,896,945.	
<b>19</b> Deferred revenue .....	391,128.	<b>18</b>	1,945,095.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	273,232.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,400,000.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,199,124.	<b>23</b>	2,003,022.	
<b>25</b> 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 .....		<b>24</b>	0.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	13,990,770.	<b>25</b>		
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	10,118,294.	
<b>28</b> Net assets without donor restrictions .....	3,794,751.	<b>27</b>	29,660,197.	
<b>29</b> Net assets with donor restrictions .....	10,354,534.	<b>28</b>	8,431,852.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	14,149,285.	<b>32</b>	38,092,049.	
<b>35</b> Total liabilities and net assets/fund balances .....	28,140,055.	<b>33</b>	48,210,343.	

Form 990 (2020)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	41,978,143.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,256,416.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,721,727.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	14,149,285.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,385,618.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	2,835,419.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	38,092,049.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> 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.	<input checked="" type="checkbox"/>	
<b>3a</b> 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? _____		<input checked="" type="checkbox"/>
<b>b</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 _____		

Form 990 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	43336077.	35899126.	27760517.	31542519.	40869797.	179408036
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 <b>Total.</b> Add lines 1 through 3 .....	43336077.	35899126.	27760517.	31542519.	40869797.	179408036
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) .....						22667948.
6 <b>Public support.</b> Subtract line 5 from line 4.						156740088

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	43336077.	35899126.	27760517.	31542519.	40869797.	179408036
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	413,999.	526,312.	577,303.	689,075.	739,399.	2946088.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	33,449.	48,274.	0.	0.	0.	81,723.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						182435847
12 Gross receipts from related activities, etc. (see instructions) .....					12	4,874,654.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	85.92 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	92.66 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.
<b>2a</b>		
<b>b</b>		Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .
<b>3a</b>		
<b>b</b>		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

### Supplemental Information.

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

## Schedule B

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

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

Employer identification number

**UNITED WAY OF THE BAY AREA****94-1312348****Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,608,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,211,509.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,008,359.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**UNITED WAY OF THE BAY AREA****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

Employer identification number

**UNITED WAY OF THE BAY AREA****94-1312348**

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

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		900.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		900.													
<b>d</b> Other exempt purpose expenditures		21,771,994.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		21,772,894.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	28,537.	29,047.	1,046.	900.	59,530.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	8,662.	1,526.	1,046.	900.	12,134.

Schedule C (Form 990 or 990-EZ) 2020



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****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 .....	14	
2 Aggregate value of contributions to (during year) .....	510,824.	
3 Aggregate value of grants from (during year) .....	434,564.	
4 Aggregate value at end of year .....	827,166.	
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? .....

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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) 2020

**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 d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,060,888.	5,252,820.	5,208,751.	5,061,854.	4,648,599.
b Contributions		-967.	1,656.	1,400.	1,300.
c Net investment earnings, gains, and losses	1,731,554.	10,038.	266,882.	366,395.	630,428.
d Grants or scholarships					
e Other expenditures for facilities and programs	241,941.	177,972.	201,426.	197,406.	196,906.
f Administrative expenses	26,065.	23,031.	23,043.	23,492.	21,567.
g End of year balance	6,524,436.	5,060,888.	5,252,820.	5,208,751.	5,061,854.

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

- a Board designated or quasi-endowment ☒ .0000 %  
 b Permanent endowment ☒ 59.7300 %  
 c Term endowment ☒ 40.2700 %

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

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

- (i) Unrelated organizations  
 (ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		377,040.	327,784.	49,256.
d Equipment		220,684.	185,036.	35,648.
e Other		1,686,032.	1,628,993.	57,039.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				141,943.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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 ☒



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	44,767,198.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	3,385,618.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	80,003.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,180,471.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,646,092.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	38,121,106.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	142,927.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,714,110.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,857,037.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	41,978,143.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	20,824,433.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	80,003.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	80,003.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,744,430.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	142,927.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,369,059.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,511,986.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	24,256,416.

**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 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, 2021 AND 2020.

**Part XIII** Supplemental Information *(continued)*

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION 3,180,471.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 3,369,058.

PLEDGE WRITE-OFF 345,052.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 3,714,110.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 3,369,058.

OTHER ADJUSTMENT 1.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 3,369,059.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF THE BAY AREA**

**Part I General Information on Grants and Assistance**

Employer identification number  
**94-1312348**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A BLACK EDUCATION NETWORK PO BOX 3134 SAN JOSE, CA 95156	94-3413477	501C3	12,000.	0.			PROGRAM GRANT - COVID RELIEF
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DRIVE OAKLAND, CA 94621	94-2960297	501C3	40,165.	0.			PROGRAM GRANT - COVID RELIEF & DESIGNATED BY DONOR TO AGENCY
ALAMEDA COUNTY SOCIAL SVCS AGENCY 2000 SAN PABLO AVENUE, 4TH FLOOR OAKLAND, CA 94612	94-3123953	501C3	17,500.	0.			PROGRAM GRANT - VITA SUPPORT
AMERICAS BEST LOCAL CHARITIES 1100 LARKSPUR LANDING CIRCLE, STE 1 LARKSPUR, CA 94939	94-3042430	501C3	14,372.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASCEND FOUNDATION 160 BROADWAY, EAST BUILDING, 6TH FL NEW YORK, NY 10038	65-1284462	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 66 RAYMOND AVENUE - SAN FRANCISCO, CA 94134	94-2176139	501C3	5,500.	0.			PROGRAM GRANT - VITA SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **149.**

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

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Schedule I (Form 990) 2020**

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AT THE CROSSROADS 167 JESSIE STREET SAN FRANCISCO, CA 94105	27-2603924	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BARBARA & GERSON BAKAR FOUNDATION 201 FILBERT STREET, STE. 400 SAN FRANCISCO, CA 94133	20-5691977	501C3	10,787.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501C3	20,000.	0.			PROGRAM GRANT - CA WILDFIRE RELIEF
BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1631316	501C3	10,449.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501C3	10,918.	0.			PROGRAM GRANT - VITA SUPPORT & DESIGNATED BY DONOR TO AGENCY
BERKELEY FOOD AND HOUSING PROJECT 3225 ADELINE STREET BERKELEY, CA 94703	94-2979073	501C3	25,000.	0.			PROGRAM GRANT - COVID RELIEF
BOYS & GIRLS CLUB SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501C3	5,899.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
BRANDGOV 125 HUMPHREY LANE VALLEJO, CA 94591	45-4730737	501C3	20,000.	0.			PROGRAM GRANT - CENSUS SUPPORT
BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501C3	25,000.	0.			PROGRAM GRANT - VITA SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANAL ALLIANCE 91 LARKSPUR STREET LARKSPUR, CA 94901	94-2832648	501C3	20,000.	0.			PROGRAM GRANT - VITA SUPPORT
CATHOLIC CHARITIES OF ARCHDIOCESE OF SAN FRANCISCO - 990 EDDY STREET - SAN FRANCISCO, CA 94109	94-1498472	501C3	247,000.	0.			PROGRAM GRANT - RENTAL ASSISTANCE
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD #200 - SAN JOSE, CA 95134	94-2762269	501C3	51,026.	0.			PROGRAM GRANT - HOUSING ASSISTANCE & DESIGNATED BY DONOR TO AGENCY
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501C3	454,274.	0.			PROGRAM GRANT - RENTAL ASSISTANCE & DESIGNATED BY DONOR TO AGENCY
CENTER FOR EMPLOYMENT OPPORTUNITIES, INC. - 464 7TH STREET - OAKLAND, CA 94607	13-3843322	501C3	7,500.	0.			PROGRAM GRANT - CENSUS SUPPORT
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT, TRI-VALLEY CAREER CENTER - 7600 DUBLIN BLVD, 3RD FLOOR - DUBLIN, CA 94568	94-1670563	501C3	99,000.	0.			PROGRAM GRANTS - EQUITY & VITA SUPPORT
CHILDRENS CREATIVITY MUSEUM 221 FOURTH STREET SAN FRANCISCO, CA 94103	94-3178735	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDRENS DISCOVERY MUSEUM OF SAN JOSE - 180 WOZ WAY - SAN JOSE, CA 95110	94-2870828	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHILDREN'S LAW OFFICE PO BOX 706 COTATI, CA 94931	95-4252143	501C3	6,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 - FAIRFIELD, CA 94533	68-0014506	501C3	732,500.	0.			PROGRAM GRANT - RENTAL ASSISTANCE
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501C3	10,000.	0.			PROGRAM GRANT - COVID RELIEF
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, #104 SAN FRANCISCO, CA 94108	94-2152893	501C3	33,500.	0.			PROGRAM GRANT - VITA SUPPORT
CHURCH OF JESUS CHRIST LDS CORPORATION - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501C3	14,557.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CHURCH OF JESUS CHRIST LDS FAIRFIELD - 1718 HIGHLAND CIRCLE - FAIRFIELD, CA 94534	94-1599152	501C3	5,458.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CITY OF SOUTH SAN FRANCISCO 400 GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080	94-6000435	501C3	8,800.	0.			PROGRAM GRANT - EDUCATION
COASTSIDE HOPE 99 AVENUE ALHAMBRA EL GRANADA, CA 94018	04-6782383	501C3	6,500.	0.			PROGRAM GRANT - VITA SUPPORT
CODE FOR AMERICA 972 MISSION STREET, FIFTH FLOOR SAN FRANCISCO, CA 94103	27-1067272	501C3	125,275.	0.			PROGRAM GRANT - VITA SUPPORT
COMMUNITY ACTION MARIN 29 MARY STREET SAN RAFAEL, CA 94901	94-6136365	501C3	446,750.	0.			PROGRAM GRANT - RENTAL ASSISTANCE, VITA SUPPORT, & EQUITY

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF SONOMA CTY - 555 SEBASTOPAL RD - SANTA ROSA, CA 95401	94-1648949	501C3	20,000.	0.			PROGRAM GRANT - VITA SUPPORT
COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076	94-2460211	501C3	75,000.	0.			PROGRAM GRANT - CA WILDFIRE RELIEF
COMMUNITY CHILD CARE COORDINATING CNCL OF ALAMEDA - 22351 CITY CENTER DRIVE, SUITE 100 - HAYWARD, CA 94541	23-7218859	501C3	12,000.	0.			PROGRAM GRANT - VITA SUPPORT
COMMUNITY FINANCIAL RESOURCES 771 EUCLID AVENUE BERKELEY, CA 94708	20-3788598	501C3	15,000.	0.			PROGRAM GRANT - VITA SUPPORT
COMMUNITY HOUSING PARTNERSHIP 20 JONES STREET, SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501C3	15,000.	0.			PROGRAM GRANT - COVID RELIEF
COMMUNITY LIVING CAMPAIGN 1360 MISSION STREET, SUITE 400 SAN FRANCISCO, CA 94103	26-1697250	501C3	121,081.	0.			ENDOWMENT FUND DISTRIBUTION TO AGENCY FOR GENERAL OPERATIONS
COMMUNITY SERVICE AGENCY OF MOUNTAIN VIEW, LOS ALTOS, & LOS ALTOS - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465	501C3	76,000.	0.			PROGRAM GRANT - RENTAL ASSISTANCE
COMPASS FAMILY SERVICES 37 GROVE STREET SAN FRANCISCO, CA 94102	94-1156622	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST SAN RAFAEL, CA 94901	94-2831592	501C3	7,600.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	45,000.	0.			PROGRAM GRANT - VITA SUPPORT
EARTHSHARE CALIFORNIA 870 MARKET STREET, SUITE 703 SAN FRANCISCO, CA 94102	94-2840364	501C3	6,208.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
EAST BAY ASIAN LOCAL DEVELOPMENT CORP - 1825 SAN PABLO AVE., SUITE 200 - OAKLAND, CA 94612	51-0171851	501C3	538,500.	0.			PROGRAM GRANT - RENTAL ASSISTANCE, VITA SUPPORT, & EQUITY
EDEN I AND R INC 570 B STREET HAYWARD, CA 94541	94-2330950	501C3	55,000.	0.			PROGRAM GRANT - VITA SUPPORT
EDGEWOOD CENTER FOR CHILDREN & FAMILIES - 1801 VICENTE STREET - SAN FRANCISCO, CA 94116	94-1186168	501C3	27,317.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ETHIOPIAN COMMUNITY SERVICE 1295 JOHNSON AVE SAN JOSE, CA 95129	77-0289001	501C3	10,000.	0.			PROGRAM GRANT - CENSUS SUPPORT
FAMILY HOUSE- SAN FRANCISCO 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158	94-2722663	501C3	25,288.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
FEEDING OPPORTUNITIES ON DEMAND 10440 INTERNATIONAL BOULEVARD OAKLAND, CA 94603	84-4517408	501C3	25,000.	0.			PROGRAM GRANT - COVID RELIEF
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501C3	19,302.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT FAMILY RESOURCE CENTER 39155 LIBERTY STREET, SUITE A110 FREMONT, CA 94537-5006	94-3333831	501C3	161,700.	0.			PROGRAM GRANT - RENTAL ASSISTANCE, VITA SUPPORT, & EQUITY
FUERZA EDUCATIONAL COALITION 7750 PARDEE LANE, SUITE 110 OAKLAND, CA 94621	83-3036778	501C3	50,000.	0.			PROGRAM GRANT - COVID RELIEF
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
GOLDEN STATE OPPORTUNITY FOUNDATION - 10877 WILSHIRE BLVD., SUITE 708 - LOS ANGELES, CA 90024	47-4325738	501C3	95,000.	0.			PROGRAM GRANT - VITA SUPPORT
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1804 SOSCOL AVENUE, SUITE 203 - NAPA, CA 94559	42-1576121	501C3	25,000.	0.			PROGRAM GRANT - CA WILDFIRE RELIEF
GREATER RICHMOND INTERFAITH PROGRAM - 165 22ND STREET - RICHMOND, CA 94801	23-7169239	501C3	25,000.	0.			PROGRAM GRANT - COVID RELIEF
HAMILTON FAMILIES 1631 HAYES STREET SAN FRANCISCO, CA 94117	94-3055602	501C3	35,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD BUSINESS SCHOOL TEELE HALL, 230 WESTERN AVE BOSTON, MA 02163	04-3395140	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HARVARD-CLASS OF 1992 HARVARD BUSINESS SCHOOL BOSTON, MA 02163	53-0199180	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAYWARD AREA RECREATION AND PARK DISTRICT (HARD) - 1099 E STREET - HAYWARD, CA 94541	61-1754831	501C3	7,000.	0.			PROGRAM GRANT - VITA SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501C3	5,186.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BOULEVARD VALLEJO, CA 94591	94-3041601	501C3	9,603.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
IMMACULATE CONCEPTION ACADEMY 3625 - 24TH STREET SAN FRANCISCO, CA 94110	59-1296744	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501C3	40,000.	0.			PROGRAM GRANT - VITA SUPPORT
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
JF KAPNEK CHARITABLE TRUST 936 DEWING AVENUE, SUITE E3 LAFAYETTE, CA 94549	23-7165692	501C3	50,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
JUNIOR ACHIEVEMENT NORTHERN CALIFORNIA - 3003 OAK ROAD, SUITE 130 - WALNUT CREEK, CA 94597	94-1322179	501C3	16,200.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
KIPP BAY AREA SCHOOLS 1404 FRANKLIN STREET, SUITE 500 OAKLAND, CA 94612	20-5010766	501C3	8,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KQED INC 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501C3	7,851.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 2325 EAST 12TH STREET - OAKLAND, CA 94601	94-3115164	501C3	30,000.	0.			PROGRAM GRANT - VITA SUPPORT
LAWYERS COMMITTEE FOR CIVIL RIGHTS- SF - 131 STEUART ST, STE 400 - SAN FRANCISCO, CA 94105	94-2581415	501C3	50,000.	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	51,000.	0.			PROGRAM GRANT - VITA SUPPORT & DESIGNATED BY DONOR TO AGENCY
LEUKEMIA & LYMPHOMA SOCIETY 100 W SAN FERNANDO STREET, SUITE 36 SAN JOSE, CA 95113	13-5644916	501C3	10,670.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501C3	70,135.	0.			PROGRAM GRANT - EMERGENCY ASSISTANCE & DESIGNATED BY DONOR TO AGENCY
MAKE A WISH FOUNDATION GREATER BAY AREA - 1333 BROADWAY, SUITE 200 - OAKLAND, CA 94612	94-2958481	501C3	12,392.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MARIN ACADEMY 1600 MISSION AVE SAN RAFAEL, CA 94901	94-1186189	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MCGEE AVENUE BAPTIST CHURCH 1640 STUART STREET BERKELEY, CA 94703	94-2184326	501C3	15,000.	0.			PROGRAM GRANT - COVID RELIEF

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHAEL J. FOX FOUNDATION FOR PARKINSONS RESEARCH NEW YORK, NY 10163	13-4141945	501C3	6,343.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501C3	10,554.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501C3	15,000.	0.			PROGRAM GRANT - VITA SUPPORT
MONUMENT IMPACT 1760 CLAYTON ROAD CONCORD, CA 94520	94-3370919	501C3	8,400.	0.			PROGRAM GRANT - CENSUS SUPPORT
MULTIPLYING GOOD 15 WEST 38TH STREET, SUITE 1210 NEW YORK, NY 10018	52-0959336	501C3	12,100.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NAMI NORTH COASTAL SAN DIEGO CO 5095 MURPHY CANYON ROAD, SUITE 320 SAN DIEGO, CA 92123	33-0122462	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NAMI-CA CONTRA COSTA 2151 SALVIO STREET CONCORD, CA 94520	68-0209474	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NEW DAY FOR CHILDREN PO BOX 439 ALAMO, CA 94507	27-0406125	501C3	11,239.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
NON-PROFIT HOUSING ASSOCIATION OF NORTHERN CALIFORNIA - 369 PINE STREET, SUITE 350 - SAN FRANCISCO, CA 94104	94-2741597	501C3	35,000.	0.			PROGRAM GRANT - RENTAL ASSISTANCE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 SUPPORT
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 94607	45-3138892	501C3	20,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501C3	333,600.	0.			PROGRAM GRANT - RENTAL ASSISTANCE, VITA SUPPORT, EQUITY, & CA WILDFIRE RELIEF
ONE TREASURE ISLAND 1 AVENUE OF THE PALMS, ROOM 166 SAN FRANCISCO, CA 94130	94-3280624	501C3	5,551.	0.			PROGRAM GRANT - VITA SUPPORT & DESIGNATED BY DONOR TO AGENCY
ONEJUSTICE 433 CALIFORNIA STREET, SUITE 815 SAN FRANCISCO, CA 94104	94-2589423	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
PACIFICA RESOURCE CENTER 1809 PALMETTO AVENUE PACIFICA, CA 94044	81-1496989	501C3	7,674.	0.			PROGRAM GRANT - VITA SUPPORT & DESIGNATED BY DONOR TO AGENCY
PLANNED PARENTHOOD MAR MONTE INC 1605 THE ALAMEDA SAN JOSE, CA 95050	94-1583439	501C3	20,000.	0.			PROGRAM GRANT - EQUITY SUPPORT
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501C3	67,143.	0.			PROGRAM GRANTS - VITA SUPPORT, CA WILDFIRE, & DESIGNATED BY DONOR TO AGENCY
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - 952 NAPA STREET - NAPA, CA 94559	20-3126333	501C3	26,600.	0.			PROGRAM GRANT - VITA SUPPORT & CA WILDFIRE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBEKAH CHILDRENS SERVICES 290 I.O.O.F. AVENUE GILROY, CA 95020	94-1167402	501C3	11,750.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
RENAISSANCE ENTREPRENEURSHIP CENTER - 275 5TH STREET - SAN FRANCISCO, CA 94103	94-2793122	501C3	6,600.	0.			PROGRAM GRANT - VITA SUPPORT
RICHMOND COMMUNITY FOUNDATION 1014 FLORIDA AVENUE, SUITE 200 RICHMOND, CA 94804	94-3337754	501C3	1,011,916.	0.			PROGRAM GRANT - RENTAL ASSISTANCE, VITA SUPPORT, CENSUS SUPPORT, EQUITY, & DESIGNATED BY DONOR TO
RUBICON PROGRAMS INC 2500 BISSELL AVENUE RICHMOND, CA 94804	94-2301550	501C3	10,000.	0.			PROGRAM GRANT - VITA SUPPORT
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501C3	153,236.	0.			PROGRAM GRANT - EMERGENCY ASSISTANCE & DESIGNATED BY DONOR TO AGENCY
SALVATION ARMY GOLDEN STATE DIVISION - PO BOX 193465 - SAN FRANCISCO, CA 94119	94-1156347	501C3	70,000.	0.			PROGRAM GRANT - EMERGENCY ASSISTANCE & RENTAL ASSISTANCE
SALVATION ARMY SILICON VALLEY 359 NORTH 4TH STREET SAN JOSE, CA 95112	13-3485289	501C3	12,835.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAMARITAN HOUSE 4031 PACIFIC BLVD., 3RD FLOOR SAN MATEO, CA 94403	23-7416272	501C3	8,339.	0.			PROGRAM GRANT - VITA SUPPORT & DESIGNATED BY DONOR TO AGENCY
SAN FRANCISCO MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501C3	8,628.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO SPCA 201 ALABAMA STREET SAN FRANCISCO, CA 94103	94-0836580	501C3	5,067.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SAN FRANCISCO STUDY CENTER 1663 MISSION STREET, SUITE 310 SAN FRANCISCO, CA 94103	94-2168838	501C3	7,000.	0.			PROGRAM GRANT - CENSUS SUPPORT
SAN JOSE EVERGREEN COMMUNITY COLLEGE DISTRICT FOUNDATION - 40 S. MARKET ST. 5TH FLOOR - SAN JOSE, CA 95113	94-2877474	501C3	235,000.	0.			PROGRAM GRANT - RENTAL ASSISTANCE
SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT - 40 SOUTH MARKET STREET - SAN JOSE, CA 95113	77-0100756	501C3	258,250.	0.			PROGRAM GRANT - RENTAL ASSISTANCE & EQUITY
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501C3	215,000.	0.			PROGRAM GRANTS - VITA SUPPORT, EQUITY SUPPORT
SAN MATEO COUNTY UNION COMMUNITY ALLIANCE - 1153 CHESS DRIVE, SUITE 200 - FOSTER CITY, CA 94404	73-1656669	501C3	56,500.	0.			PROGRAM GRANT - EQUITY SUPPORT
SELF-HELP ECONOMIC DEVELOPMENT, INC - 1330 BROADWAY, SUITE 604 - OAKLAND, CA 94612	20-5330006	501C3	25,000.	0.			PROGRAM GRANT - VITA SUPPORT
SELF-HELP FOR THE ELDERLY 731 SANSOME STREET, SUITE 100 SAN FRANCISCO, CA 94111	94-1750717	501C3	8,246.	0.			PROGRAM GRANT - EQUITY & DESIGNATED BY DONOR TO AGENCY
SFCLOUT 1188 FRANKLIN STREET, SUITE 203 SAN FRANCISCO, CA 94109	94-2687066	501C3	150,000.	0.			PROGRAM GRANT - RENTAL ASSISTANCE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPORTSTRONG YOUTH SPORTS FOUNDATION - 40 SAVONA COURT - DANVILLE, CA 94526	81-0656586	501C3	6,341.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST JOSEPHS FAMILY CENTER 7950 CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775	501C3	76,000.	0.			PROGRAM GRANT - EMERGENCY ASSISTANCE & RENTAL ASSISTANCE
ST STEPHENS EPISCOPAL CHURCH-ORINDA - 66 ST STEPHENS DRIVE - ORINDA, CA 94563	94-1399270	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	8,479.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501C3	21,142.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUMMER SEARCH 101 HOWARD STREET, SUITE 250 SAN FRANCISCO, CA 94105	68-0200138	501C3	11,903.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501C3	76,129.	0.			PROGRAM GRANT - RENTAL ASSISTANCE & DESIGNATED BY DONOR TO AGENCY
SUPPORTING OUR CANCER KIDS PO BOX 2282 VACAVILLE, CA 95696	27-5533158	501C3	6,351.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
SYRACUSE UNIVERSITY 640 SKYTOP ROAD, 2ND FLOOR SYRACUSE, NY 13244	15-0532081	501C3	25,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAX-AID 235 MONTGOMERY STREET, SUITE 1155 SAN FRANCISCO, CA 94104	94-3062518	501C3	7,500.	0.			PROGRAM GRANT - VITA SUPPORT
THE BASIC FUND 1301 CLAY STREET, UNIT 70450 OAKLAND, CA 94612	94-3290699	501C3	10,000.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE DAVIS STREET COMMUNITY CENTER, INC. - 3081 TEAGARDEN STREET - SAN LEANDRO, CA 94577	94-3121699	501C3	15,000.	0.			PROGRAM GRANT - VITA SUPPORT
THE FATHERS HOUSE 126 PEABODY ROAD VACAVILLE, CA 95687	68-0408159	501C3	8,574.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
THE SALVATION ARMY SOLANO COUNTY 3755 NORTH FREEWAY BLVD SACRAMENTO, CA 95834	94-1156347	501C3	62,500.	0.			PROGRAM GRANT - COVID RELIEF & CA WILDFIRE RELIEF
THE UNITY COUNCIL OF ALAMEDA COUNTY INC - 1900 FRUITVALE AVE, SUITE 2B - OAKLAND, CA 94601	94-1670490	501C3	50,000.	0.			PROGRAM GRANT - VITA SUPPORT
THE WOMEN'S BUILDING-SF WOMENS CENTER INC. - 3543 - 18TH STREET - SAN FRANCISCO, CA 94110	94-1730620	501C3	11,000.	0.			PROGRAM GRANT - VITA SUPPORT
TRANSWOMEN4TRANSWOMEN 1010 SOUTH 2ND STREET SAN JOSE, CA 95110	85-3057871	501C3	20,001.	0.			PROGRAM GRANT - LABOR RELATIONS
TRAVIS CREDIT UNION P O BOX 2069 VACAVILLE, CA 95696	94-1242831	501C3	8,800.	0.			PROGRAM GRANT - VITA SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC REGENTS/UC BERKELEY 1995 UNIVERSITY AVENUE, SUITE 400 BERKELEY, CA 94704-1070	94-6002123	501C3	5,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UCSF BENIOFF CHILDRENS HOSPITAL - OAKLAND - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-1657474	501C3	5,317.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY MASSACHUSETTS BAY & MERRIMACK - P.O. BOX 51381 - BOSTON, MA 02205	04-2382233	501C3	10,448.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	94-1322169	501C3	293,017.	0.			PROGRAM GRANT - CA WILDFIRE RELIEF & DESIGNATED BY DONOR TO AGENCY
UNITED WAY OF GREATER ATLANTA P.O. BOX 2692 ATLANTA, GA 30301	58-0566194	501C3	5,768.	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	7,822.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
UNITED WAY SANTA CRUZ P.O. BOX 1458 CAPITOLA, CA 95010	94-1422471	501C3	437,729.	0.			PROGRAM GRANT - CA WILDFIRE RELIEF & DESIGNATED BY DONOR TO AGENCY
UNITED WAY WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646	501C3	353,991.	0.			PROGRAM GRANT - CA WILDFIRE RELIEF & DESIGNATED BY DONOR TO AGENCY
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394	501C3	5,026.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - SAINT HELENA, CA 94574	80-0023012	501C3	178,000.	0.			PROGRAM GRANTS - CA WILDFIRE, VITA SUPPORT, & RENTAL ASSISTANCE
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	32,500.	0.			PROGRAM GRANT - COVID RELIEF & CENSUS SUPPORT
USA CYCLING, INC. 210 USA CYCLING POINT, SUITE 100 COLORADO SPRINGS, CO 80919	84-1284437	501C3	16,720.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTNO, CA 95014	94-2211685	501C3	132,000.	0.			PROGRAM GRANT - RENTAL ASSISTANCE & VITA SUPPORT
WOODSIDE SCHOOL FOUNDATION 3195 WOODSIDE ROAD WOODSIDE, CA 94062	94-2928552	501C3	12,500.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS
WORKING PARTNERSHIPS USA 2102 ALMADEN RD., SUITE 112 SAN JOSE, CA 95125	77-0387535	501C3	113,000.	0.			PROGRAM GRANT - VITA & CENSUS SUPPORT
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	20-2370934	501C3	7,145.	0.			DESIGNATED BY DONOR TO AGENCY FOR GENERAL OPERATIONS

Schedule I (Form 990)

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM GRANT - RENTAL ASSISTANCE,

VITA SUPPORT, CENSUS SUPPORT, EQUITY, & DESIGNATED BY DONOR TO AGENCYS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the 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.

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

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

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



**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 INDIVIDUAL RECEIVED A SEVERANCE PAYMENT INCLUDED IN COLUMN

B(III) DURING THE 2020 CALENDAR YEAR.:

ANNE WILSON- \$180,828

THE SEVERANCE IS SUBJECT TO A CONFIDENTIALITY AGREEMENT. TERMS WILL BE PROVIDED TO THE IRS UPON REQUEST.

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. ONE FORMER OFFICER AND TWO HIGHEST COMPENSATED EMPLOYEES WERE PART OF THE DEFINED BENEFITS PLAN: THE FORMER CEO, THE DIRECTOR OF IT, AND THE SENIOR DIRECTOR OF GIFT PROCESSING.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **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](http://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 .....	<b>X</b>	<b>24</b>	<b>458,847.</b>	<b>PROCEEDS FROM SALE</b>
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 V, Donee Acknowledgement .....

**29**

**0**

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>
33		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ORGANIZATIONS ACROSS THE BAY AREA.

IN RESPONSE TO THE UNPRECEDENTED IMPACTS OF COVID, SPARKPOINT EXPANDED

SERVICES FOR BASIC NEEDS SUPPORT INCLUDING DISTRIBUTION OF 8,800 FOOD

PANTRY MEALS, DONATIONS OF BASIC NEEDS SUPPLIES VALUING \$22,800, AND

HELPING OVER 750 PEOPLE ACCESS RENTAL ASSISTANCE FUNDS TOTALING \$2M.

UWBA PROVIDED TECHNICAL ASSISTANCE TO PARTNERS VIA WEBINARS ON APPLYING

FOR UNEMPLOYMENT ASSISTANCE, COPING WITH ADDITIONAL MENTAL HEALTH

DURING THE PANDEMIC, AND HOW TO OFFER SERVICES VIRTUALLY. WE STARTED

TRACKING CLIENTS WHO COME TO OUR CENTERS IMPACTED BY COVID19 AND

STARTED OFFERING RENTAL ASSISTANCE.

WITH THE COLLECTIVE SUPPORT OF WELLS FARGO AND MULTIPLE OTHER FUNDERS,

SPARKPOINT CENTERS HAVE DISTRIBUTED RENTAL ASSISTANCE TO APPROXIMATELY

500 PEOPLE FROM JULY THROUGH DECEMBER 2020, TOTALING \$1M IN RENTAL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

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ASSISTANCE TO LOW-INCOME HOUSEHOLDS. THE WELLS FARGO FUNDING ALLOWED SPARKPOINT CENTERS TO PLAY A CRITICAL ROLE IN THE COVID-19 RESPONSE EFFORTS AS A FINANCIAL SUPPORT HUB FOR PUBLIC BENEFITS AS WELL AS RENTAL ASSISTANCE FOR LOW-INCOME FAMILIES IN SAN FRANCISCO BAY AREA.

IN THE MIDST OF THE PANDEMIC, WE ALSO LAUNCHED A NEW SPARKPOINT CENTER AT CHABOT COLLEGE AND HELD A VIRTUAL LAUNCH EVENT ON FEBRUARY 5TH. THE EVENT WAS ATTENDED BY OVER 70 PARTICIPANTS AND INTRODUCED SPARKPOINT TO CHABOT COLLEGE AND THE BROADER HAYWARD COMMUNITY. ADDITIONALLY, SPARKPOINT CONTRA COSTA ADDED A NEW SATELLITE SITE AT DIABLO VALLEY COLLEGE EXPANDING ITS SERVICES TO STUDENTS IN PLEASANT HILL.

EARN IT! KEEP IT! SAVE IT! ("EKS") IS A UWBA-LED INITIATIVE THAT WORKS WITH A 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 2021 TAX SEASON, 1,000 VOLUNTEERS PREPARED APPROXIMATELY 32,000 TAX RETURNS AND BROUGHT BACK OVER \$60.1M IN REFUNDS. ADDITIONALLY, \$11.6M OF THOSE REFUNDS WAS IN EARNED INCOME TAX CREDITS ("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. IN A TYPICAL YEAR, EKS HAS NEARLY 200 LOCATIONS IN EIGHT COUNTIES, BUT THE COVID-19 PANDEMIC FORCED MOST OF THE VOLUNTEER INCOME TAX ASSISTANCE AND AARP TAX-AIDE LOCATIONS TO

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CLOSE IN EARLY MARCH 2020.

IN 2019, WE BEGAN WORKING WITH CODE FOR AMERICA IN PARTNERSHIP ON WHAT WOULD EVENTUALLY BECOME GETYOURREFUND.ORG, WHICH HAS BEEN A CRITICAL RESOURCE FOR REACHING OUR CLIENTS SAFELY DURING THE PANDEMIC AND WHICH HAS PROVIDED A BACKBONE OF OUR VALET AND FULLY VIRTUAL SERVICES. FOR THE PAST TWO TAX SEASONS, OUR SITES HAVE HAD TO DRASTICALLY LIMIT IN-PERSON SERVICES; BUT HAVE EXPANDED DROP-OFF AND VIRTUAL SERVICES TO MEET THE NEED. SITES, INCLUDING OUR EXPANDED HUB MANAGED DIRECTLY BY UWBA STAFF, HAVE ALSO PROVIDED FREE TAX PREP SERVICES MUCH LONGER INTO THE YEAR DUE TO EXTENDED TAX SEASONS WHILE ALSO PROVIDING SERVICES FOR AN ENTIRELY NEW CLIENT POPULATION THOSE CLIENTS WHO TYPICALLY DO NOT FILE TAXES BUT NEEDED TO CLAIM CRITICAL EIP (STIMULUS) RESOURCES.

YOUTH WORKFORCE IS A UWBA-LED INITIATIVE FOCUSING ON EMPLOYMENT PROGRAMS. THIS YEAR, WE SHIFTED ALL OUR YOUTH WORKFORCE ACTIVITIES TO VIRTUAL OPPORTUNITIES. WE'VE HOSTED OVER 10 EVENTS WITH YOUTH ACROSS THE BAY AREA. WE'VE PARTNERED WITH COMMUNITY AGENCIES IN SANTA CLARA, SAN FRANCISCO AND ALAMEDA COUNTIES AS WELL AS CORPORATE PARTNERS INCLUDING WELLS FARGO, BANK OF AMERICA, DELOITTE & TOUCHE AND OTHERS, TO PROVIDE CAREER READINESS WORKSHOPS, CAREER EXPLORATION DEMONSTRATIONS, CAREER PANELS, AND RESOURCES TO YOUNG PEOPLE AGES 14-24.

MANY OF THE WORKSHOPS AND ACTIVITIES LED TO OUR SIGNATURE EVENT, ON TRACK CAREER EXPO, DESIGNED TO ENGAGE YOUTH IN HANDS-ON DEMOS AND CAREER COACHING TO LEARN ABOUT VARIOUS PROFESSIONAL PATHS AND INDUSTRIES THAT MANY HAVE NEVER BEEN EXPOSED TO. DESPITE BEING VIRTUAL

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THIS YEAR, ON TRACK MAINTAINED ITS INTERACTIVITY AND ENGAGED NEARLY 70 YOUTH AND 40 VOLUNTEERS FROM ACROSS THE BAY AREA ON A VIRTUAL EVENTS PLATFORM.

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

OTHER COMMUNITY PROGRAMS - EMERGENCY FOOD & SHELTER PROGRAM (EFSP) IS AT THE CORE OF OUR POVERTY-CUTTING AGENDA. THIS YEAR, EFSP ENTERED ITS 38TH YEAR OF FUNDING SAFETY NET PROGRAMS. THIS FEDERAL FUNDING IS ALLOCATED TO FEMA WHO WORKS WITH UNITED WAY WORLDWIDE AS THE FISCAL AGENT FOR THE PROGRAM. EFSP IS A UNIQUE PUBLIC-PRIVATE PARTNERSHIP BETWEEN THE FEDERAL GOVERNMENT AND THE UNITED WAY SYSTEM. SINCE ITS INCEPTION, UWBA AND LOCAL BOARDS HAVE DISTRIBUTED FEDERAL FUNDING TO HUNDREDS OF FOOD AND SHELTER PROGRAMS. THIS MOST RECENT FUNDING ROUND, EFSP DISTRIBUTED \$4,8M TO AGENCIES IN EIGHT COUNTIES, WHICH INCLUDED \$3,5M IN SUPPLEMENTAL FUNDS FROM THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT. OVER 500,000 UNDUPLICATED INDIVIDUALS WILL BE SERVED BY ONE OF THE 118 EFSP-FUNDED AGENCIES IN THE BAY AREA DURING THE CURRENT GRANT PERIOD.

EMERGENCY ASSISTANCE NETWORK (EAN) IS A UWBA COLLABORATION WITH SEVEN LOCAL SANTA CLARA COUNTY PARTNER AGENCIES THAT OFFERS ASSISTANCE TO FAMILIES AND INDIVIDUALS EXPERIENCING EMERGENCY SITUATIONS. THIS COLLABORATIVE PROVIDES FOOD ASSISTANCE, RENT AND MORTGAGE AID, UTILITY ASSISTANCE, MEDICAL AND TRANSPORTATION AID, OFTEN ALONGSIDE CASE MANAGEMENT AND FINANCIAL EDUCATION. IN FY21, EAN AGENCIES ASSISTED APPROX. 2,900 HOUSEHOLDS (7,400 INDIVIDUALS) WITH HOUSING/UTILITY ASSISTANCE, ENABLING THEM TO OVERCOME FINANCIAL CRISES AND REMAIN IN THEIR HOMES. BETWEEN THE SEVEN EAN FOOD PANTRY PROGRAMS, 54,600

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INDIVIDUALS WERE ALSO SERVED. IN MAY, THE EAN WERE ALSO AWARDED AN  
ADDITIONAL \$300,000 TO SUPPORT ADDITIONAL RENTAL ASSISTANCE SERVICES.

LABOR COMMUNITY SERVICES IS A LONG-STANDING LABOR-UNITED WAY  
PARTNERSHIP THAT COMBINES THE POWER OF MORE THAN 12.5M 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. SERVICES PROVIDED BY THE LABOR LIAISONS INCLUDED:  
DISTRIBUTED FOOD TO OVER 20,000 WORKING FAMILIES, PROVIDED OVER  
\$250,000 HARDSHIP ASSISTANCE DIRECTLY TO WORKING FAMILIES, AND PROVIDED  
10,500 COVID-19 VACCINES TO UNION MEMBERS.

PUBLIC POLICY IS A UWBA-LED ADVOCACY INITIATIVE. UNITED WAY BAY AREA  
RECOGNIZES THAT IN ORDER TO ACHIEVE OUR GOAL OF ENDING 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 NETWORK. IN FISCAL YEAR 2021, WE WORKED  
ALONGSIDE OUR CA SYSTEM TO SUCCESSFULLY ADVOCATE FOR THE CA EARNED  
INCOME TAX CREDIT EXPANSION AS WELL AS FEDERAL LEGISLATION THAT WOULD  
PROVIDE FUNDING FOR THE 211 SYSTEM. UWBA ENGAGED THE PUBLIC POLICY

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COMMITTEE IN DEVELOPING A VOTER EDUCATION GUIDE FOR THE NOVEMBER 2020 ELECTION. VIRTUAL ADVOCACY DAYS AT THE FEDERAL AND STATE LEVELS TOOK PLACE IN SPRING 2021.

A WILDFIRE FUND WAS ESTABLISHED AS A SPECIAL INITIATIVE THIS YEAR. IN AUGUST 2020, THE FIRST OF A SERIES OF WILDFIRES DECIMATED MORE THAN 800,000 ACRES AND CAUSED THE EVACUATION OF MORE THAN 100,000 HOUSEHOLDS THROUGHOUT NORTHERN CALIFORNIA. BY FALL, THIS WOULD BE THE WORST FIRE SEASON IN CALIFORNIA'S HISTORY. THE AREA AFFECTED WAS ENORMOUS, INCLUDING ALAMEDA, CONTRA COSTA, HUMBOLDT, LAKE, MARIN, MENDOCINO, MONTEREY, NAPA, SANTA CLARA, SANTA CRUZ, SAN MATEO, SOLANO, AND SONOMA COUNTIES. THE GREATER BAY AREA CENTRAL COAST WILDFIRE RELIEF FUND WAS CREATED TO PROVIDE IMMEDIATE AND LONG-TERM RECOVERY ASSISTANCE TO BAY AREA AND CENTRAL COAST RESIDENTS AND CONSISTED OF UNITED WAY OF THE WINE COUNTRY (UWWC), UNITED WAY OF SANTA CRUZ COUNTY (UWSC), UNITED WAY OF MONTEREY COUNTY (UWMC), AND UNITED WAY BAY AREA (UWBA).

EACH LOCAL UNITED WAY HAS DEEP RELATIONSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND LOCAL GOVERNMENTS AND OPERATES A 211 FOR THEIR COUNTIES. THEY WERE ABLE TO USE 211 CALLER NEEDS DATA AND THEIR RELATIONSHIP WITH LOCAL OFFICES OF EMERGENCY SERVICES TO UNDERSTAND RELIEF EFFORTS AND LOCAL NEEDS. WE ARE ALSO ENGAGED IN THE LOCAL VOADS (VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER). WHEN THE FUND WAS DEVELOPED, ALL FOUR LOCAL UNITED WAYS PROMISED TO SHARE RESOURCES BASED ON MUTUAL ASSESSMENT OF LOCAL NEEDS AND THE OPPORTUNITY TO FILL GAPS IN SERVICES AND LEVERAGE OTHER PHILANTHROPIC RESOURCES. WE ALSO MADE DECISIONS ON FUND DISTRIBUTION WITH EQUITY AS A FRAME.



Name of the organization	Employer identification number
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UWBA ALLOCATED \$315,000 TO 7 COMMUNITY-BASED ORGANIZATIONS IN NAPA AND SAN MATEO COUNTIES THAT PROVIDED FOOD, RENTAL ASSISTANCE, MOTEL STAYS, CASE MANAGEMENT, AND MENTAL HEALTH SERVICES TO FAMILIES AFFECTED BY THE WILDFIRES.

CENSUS ASSISTANCE WAS ANOTHER SPECIAL INITIATIVE THIS YEAR. FROM 2019 TO LATE 2020, UWBA SERVED AS THE ADMINISTRATIVE BACKBONE FOR THE REGION'S EFFORTS TO GET A COMPLETE COUNT IN THE 2020 CENSUS, ENSURING FEDERAL FUNDING AND REPRESENTATION FOR OUR COMMUNITIES OVER THE NEXT DECADE. "UWBA'S BAY AREA COUNTS 2020" WAS A \$3.7M REGIONAL CENSUS OUTREACH INITIATIVE CONDUCTED IN PARTNERSHIP WITH SEVEN COUNTY GOVERNMENTS AND A COALITION OF FUNDERS. WE PROVIDED GRANTMAKING, REGIONAL COORDINATION, DATA STEWARDSHIP, AND TECHNICAL ASSISTANCE TO A NETWORK OF TRUSTED MESSENGER ORGANIZATIONS DOING OUTREACH IN OVER 70 LANGUAGES.

EXPENSES \$ 4,974,815. INCLUDING GRANTS OF \$ 4,347,766. REVENUE \$ 0.

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

THE 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:

DURING THE YEAR, THE ORGANIZATION MADE THE FOLLOWING CHANGES TO ITS GOVERNING DOCUMENTS:

- 1) REMOVED UNITED WAY WORLDWIDE ("UWW") AS THE SOLE MEMBER.
- 2) INCREASED THE NUMBER OF BOARD OF DIRECTORS FROM NINE UP TO FIFTEEN.

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

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

THROUGH JUNE 2021, UWBA'S SOLE MEMBER IS UNITED WAY WORLDWIDE ("UWW").

THE ARTICLE OF INCORPORATION WAS AMENDED JUNE 30, 2021 TO REMOVE THE SOLE MEMBER.

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

THROUGH JUNE 2021, THE SOLE MEMBER HAD THE POWER TO ELECT 6 MEMBERS OF THE 9 MEMBER BOARD.

THE ARTICLES OF INCORPORATION WERE AMENDED JUNE 30, 2021 TO REMOVE THE SOLE MEMBER AND RESERVE ALL POWERS TO THE BOARD OF DIRECTORS.

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

THROUGH JUNE 2021, NO AMENDMENTS TO THE BYLAWS WOULD BE EFFECTIVE UNTIL APPROVED BY THE SOLE MEMBER.

THE ARTICLES OF INCORPORATION WERE AMENDED JUNE 30, 2021 TO REMOVE THE SOLE MEMBER AND RESERVE ALL POWERS TO THE BOARD OF DIRECTORS.

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

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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.

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,

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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:

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

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

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

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

OTHER FEES FOR SERVICES:

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PROGRAM SERVICE EXPENSES 1,904,154.

MANAGEMENT AND GENERAL EXPENSES 749,699.

FUNDRAISING EXPENSES 166,865.

TOTAL EXPENSES 2,820,718.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,820,718.

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

CHANGE IN PENSION LIABILITY IN EXCESS OF INTANGIBLE PENSION

ASSETS 3,180,471.

PLEDGE WRITE-OFF -345,052.

TOTAL TO FORM 990, PART XI, LINE 9 2,835,419.





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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			X
b Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
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)			X
m Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			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)			





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