

PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE BAY AREA 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 \$ 27,554,904. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWBA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO BE THE CATALYST THAT ENABLES PEOPLE TO STRENGTHEN THEIR COMMUNITIES BY INVESTING IN ONE ANOTHER.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 52
6	Total number of volunteers (estimate if necessary)	6 2000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 40,869,797. Current Year 19,902,529.
9	Program service revenue (Part VIII, line 2g)	237,871. 47,148.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	862,073. 1,024,748.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,402. -114,178.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,978,143. 20,860,247.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,860,464. 8,820,195.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,802,611. 6,962,010.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,900,670.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,593,341. 6,962,135.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,256,416. 22,744,340.
19	Revenue less expenses. Subtract line 18 from line 12	17,721,727. -1,884,093.
20	Total assets (Part X, line 16)	Beginning of Current Year 48,210,343. End of Year 39,378,849.
21	Total liabilities (Part X, line 26)	10,118,294. 8,716,224.
22	Net assets or fund balances. Subtract line 21 from line 20	38,092,049. 30,662,625.

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 KEVIN ZWICK, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name TRACY S. PAGLIA	Preparer's signature TRACY S. PAGLIA
	Date 05/05/23	Check if self-employed <input type="checkbox"/> PTIN P00366884
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318
	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105	Phone no. 415-956-1500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 6,004,062. including grants of \$ 6,004,062.) (Revenue \$ 4,908.) GROSS FUNDS AWARDED/ALLOCATED TO AGENCIES

4b (Code:) (Expenses \$ 5,621,636. including grants of \$ 1,548,600.) (Revenue \$ 0.)

SPARKPOINT - SPARKPOINT CENTERS WORK WITH FAMILIES TO MEET BASIC NEEDS, INCREASE INCOME, BUILD CREDIT, INCREASE SAVINGS, AND REDUCE DEBT THROUGH OFFERING BASIC NEEDS, CAREER AND EDUCATIONAL, AND FINANCIAL SERVICES. SPARKPOINT PROVIDES FREE FINANCIAL COACHING TO WORK ONE-ON-ONE WITH CLIENTS BOTH VIRTUALLY AND IN PERSON TO RECOGNIZE BEHAVIORAL OUTCOMES, SET GOALS, BRAINSTORM STRATEGIES, AND SET REALISTIC ACTION PLANS TO MOVE PEOPLE TOWARD FINANCIAL PROSPERITY. SPARKPOINT CENTERS ALSO PROVIDE RENT RELIEF AND CONNECT CLIENTS TO HOUSING RESOURCES.

THROUGHOUT THE PANDEMIC, SPARKPOINT CENTERS MOVED TOWARD A HYBRID MODEL OF SERVICES TO MEET CLIENTS BOTH VIRTUALLY AND IN-PERSON TO BETTER

4c (Code:) (Expenses \$ 1,663,440. including grants of \$ 230,000.) (Revenue \$ 42,240.)

211 - 211 CONNECTS USERS WITH HEALTH AND HUMAN SERVICES IN THEIR COMMUNITY THROUGH CALLS, TEXTS, AND WEB SEARCH. UWBA 211 SERVES SAN FRANCISCO, SANTA CLARA, SAN MATEO, MARIN, NAPA AND SOLANO COUNTIES. IN FISCAL YEAR 2022, 211 ANSWERED APPROXIMATELY 42,000 CALLS AND TEXTS PROVIDING BAY AREA RESIDENTS WITH INFORMATION AND A TOTAL OF APPROXIMATELY 110,000 REFERRALS TO A VARIETY OF RESOURCES TO ADDRESS THEIR NEEDS. 211 IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK IN OVER 150 LANGUAGES. DURING THE PAST YEAR, UWBA ALSO EXPANDED UWBA PARTNERSHIPS WITH COUNTY OFFICES OF EMERGENCY SERVICES AS WELL AS PUBLIC HEALTH DEPARTMENTS TO ENSURE CALLERS RECEIVED THE MOST UP-TO-DATE INFORMATION IN A NATURAL DISASTER SUCH AS A WILDFIRE, OR A PUBLIC HEALTH EMERGENCY SUCH AS A PANDEMIC. THE NUMBER ONE NEED OF

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,358,605. including grants of \$ 1,037,533.) (Revenue \$ 0.)

4e Total program service expenses 17,647,743.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 **MATT BENFORD - 415-808-4317**
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ZWICK, KEVIN CHIEF EXECUTIVE OFFICER	37.50 0.00			X			361,252.	0.	27,150.	
(2) BERINI, CHRISTOPHER CHIEF ADVANCEMENT OFFICER	37.50 0.00				X		240,446.	0.	15,137.	
(3) BATSON, KELLY A. CHIEF COMMUNITY IMPACT OFFICER	37.50 0.00				X		180,059.	0.	17,260.	
(4) YASUHARA LI, ENA SENIOR VP, IMPACT STRATEGIES	37.50 0.00					X	148,663.	0.	19,500.	
(5) THOMAS-HASSAN, CHERYL SENIOR HUMAN RESOURCE DIRECTOR	37.50 0.00					X	125,902.	0.	7,626.	
(6) RAMOS, JOSE VICE PRESIDENT, MARKETING	37.50 0.00					X	117,631.	0.	9,774.	
(7) MARTIN, CAROLINA VICE PRESIDENT, DEVELOPMENT	37.50 0.00					X	119,235.	0.	7,945.	
(8) KIM, STEPHANIE SR DIRECTOR STRATEGIC INITIATIVES	37.50 0.00					X	114,246.	0.	2,748.	
(9) BENAVIDEZ, ROBERT CHIEF FINANCIAL OFFICER	37.50 0.00					X	109,817.	0.	5,822.	
(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) ALAFIA, JOY DIRECTOR, GOVERNANCE COMMITTEE	2.00 0.00	X					0.	0.	0.	
(14) BRANCH, MICHELLE DIR., CHAIR GOVERN. COM, & PP COM	2.00 0.00	X					0.	0.	0.	
(15) CABA, OUSMANE CHAIR OF ADVANCEMENT COMMITTEE	2.00 0.00	X					0.	0.	0.	
(16) CHEN, ALICE DIRECTOR, ADVANCEMENT COMMITTEE	2.00 0.00	X					0.	0.	0.	
(17) GONZALEZ, RUDY DIRECTOR, ADVANCEMENT COMMITTEE	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HERBERT III, JAMES DIRECTOR (THRU 6/29/22)	2.00 0.00	X						0.	0.	0.
(19) KRIVKOVICH, ALEXIS DIRECTOR, FINANCE COMMITTEE	2.00 0.00	X						0.	0.	0.
(20) LARA, ALICIA DIRECTOR (THRU 10/22/21)	2.00 0.00	X						0.	0.	0.
(21) MANZO, PETE DIRECTOR, FINANCE COMMITTEE	2.00 0.00	X						0.	0.	0.
(22) ROGERS, MATT DIRECTOR (THRU 6/29/22)	2.00 0.00	X						0.	0.	0.
(23) BOLARIA-SHIPRIN, RUBY DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) STREET, ERIC DIR., TOQ SOC, AUDIT COM	2.00 0.00	X						0.	0.	0.
(25) BASOCO-VILLARREAL, ANISSA DIRECTOR, GOVERNANCE COMMITTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								1,517,251.	0.	112,962.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,517,251.	0.	112,962.

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 **21**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRAZER COMMUNICATIONS 47 PARK AVE, MILL VALLEY, CA 94941	MEDIA SERVICES	445,900.
MOSS ADAMS, LLP PO BOX 101822, PASADENA, CA 91189	AUDIT/TAX SERVICES	212,875.
SFCLOUT, 1188 FRANKLIN STREET, SUITE 203, SAN FRANCISCO, CA 94109	LABOR COUNCIL SERVICES	150,000.
GALLAGHER BENEFIT SERVICES INC., 2850 GOLF RD - 5TH FLOOR, ROLLING MEADOWS, IL 60008	PENSION SERVICES	122,565.
THE PURSUANT GROUP INC PO BOX 120519, DEPT. 0519, DALLAS, CA 75312	MARKETING & ANALYTICS	101,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	713,154.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,756,097.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,433,278.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,595,475.				
	h Total. Add lines 1a-1f		19,902,529.				
	Program Service Revenue	2 a PLEDGE PROCESSING FEES	Business Code				
		900099	42,240.	42,240.			
b CONSULTING FEE INCOME		900099	4,908.	4,908.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		47,148.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		975,411.			975,411.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				6,629,816.			
	b Less: cost or other basis and sales expenses	7b	6,580,479.				
	c Gain or (loss)	7c	49,337.				
	d Net gain or (loss)		49,337.			49,337.	
8 a Gross income from fundraising events (not including \$ 713,154. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	114,178.			
		c Net income or (loss) from fundraising events		-114,178.			-114,178.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			20,860,247.	47,148.	0.	910,570.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,820,195.	8,820,195.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,121,409.	433,158.	443,321.	244,930.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,601,196.	3,086,615.	414,939.	1,099,642.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,812.	70,794.	30,539.	37,479.
9 Other employee benefits	707,731.	435,476.	116,649.	155,606.
10 Payroll taxes	392,862.	235,717.	66,787.	90,358.
11 Fees for services (nonemployees):				
a Management	200,953.	146,696.	20,095.	34,162.
b Legal	22,217.	16,218.	2,222.	3,777.
c Accounting	155,155.	113,263.	15,516.	26,376.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	210,951.		210,951.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,872,426.	2,096,871.	287,243.	488,312.
12 Advertising and promotion	459,004.	335,073.	45,900.	78,031.
13 Office expenses	161,026.	35,786.	33,647.	91,593.
14 Information technology	701,227.	525,920.	77,135.	98,172.
15 Royalties				
16 Occupancy	1,040,538.	635,186.	186,304.	219,048.
17 Travel	53,990.	32,322.	9,321.	12,347.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	173,888.	89,783.	51,785.	32,320.
20 Interest	40,529.	25,533.	4,053.	10,943.
21 Payments to affiliates	689,605.	404,802.	144,719.	140,084.
22 Depreciation, depletion, and amortization	78,200.	45,869.	16,458.	15,873.
23 Insurance	102,426.	62,466.	18,343.	21,617.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	22,744,340.	17,647,743.	2,195,927.	2,900,670.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,092,551.	1	2,115,523.
	2 Savings and temporary cash investments	928,274.	2	606,207.
	3 Pledges and grants receivable, net	7,907,169.	3	6,401,996.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,899.	9	7,891.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,324,804.		
	b Less: accumulated depreciation	10b 2,220,012.	141,943.	10c 104,792.
	11 Investments - publicly traded securities	36,881,237.	11	30,012,142.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	244,270.	15	130,298.
16 Total assets. Add lines 1 through 15 (must equal line 33)	48,210,343.	16	39,378,849.	
Liabilities	17 Accounts payable and accrued expenses	5,896,945.	17	3,543,929.
	18 Grants payable	1,945,095.	18	3,031,504.
	19 Deferred revenue	273,232.	19	117,973.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,003,022.	23	2,022,818.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,118,294.	26	8,716,224.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,660,197.	27	22,335,925.
	28 Net assets with donor restrictions	8,431,852.	28	8,326,700.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	38,092,049.	32	30,662,625.
33 Total liabilities and net assets/fund balances	48,210,343.	33	39,378,849.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,860,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,744,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,884,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,092,049.
5	Net unrealized gains (losses) on investments	5	-5,713,035.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	167,704.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,662,625.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35899126.	27760517.	31542519.	40856628.	19902529.	155961319
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	35899126.	27760517.	31542519.	40856628.	19902529.	155961319
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)						19561974.
6 Public support. Subtract line 5 from line 4.						136399345

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	35899126.	27760517.	31542519.	40856628.	19902529.	155961319
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	526,312.	577,303.	689,075.	739,399.	975,411.	3507500.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	48,274.					48,274.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						159517093
12 Gross receipts from related activities, etc. (see instructions)					12	4,228,821.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	85.51 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.92 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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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>	 <hr/> <hr/> <hr/>	\$ <u>1,836,063.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,024,557.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>768,554.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>600,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>594,260.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>549,116.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>999,590.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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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
2	PUBLIC TRADED SECURITIES _____ _____ _____	\$ <u>1,024,557.</u>	<u>12/23/21</u>
9	PUBLIC TRADED SECURITIES _____ _____ _____	\$ <u>999,590.</u>	<u>07/02/21</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	19,843,670.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	19,843,670.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	29,047.	1,046.	900.	0.	30,993.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	1,526.	1,046.	900.	0.	3,472.

Schedule C (Form 990) 2021

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2a-2b detailing reporting requirements for art and historical treasures, including revenue and asset values.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,524,436.	5,060,888.	5,252,820.	5,208,751.	5,061,854.
b Contributions			-967.	1,656.	1,400.
c Net investment earnings, gains, and losses	85,177.	1,731,554.	10,038.	266,882.	366,395.
d Grants or scholarships					
e Other expenditures for facilities and programs	329,081.	241,941.	177,972.	201,426.	197,406.
f Administrative expenses		26,065.	23,031.	23,043.	23,492.
g End of year balance	6,280,532.	6,524,436.	5,060,888.	5,252,820.	5,208,751.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 62.1000 %
 - c Term endowment 37.9000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.	354,499.	22,541.
d Equipment		220,684.	199,760.	20,924.
e Other		1,727,080.	1,665,753.	61,327.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				104,792.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	12,420,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-5,713,035.	
	b Donated services and use of facilities	2b	18,835.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	443,258.	
	e Add lines 2a through 2d	2e	-5,250,942.	
3	Subtract line 2e from line 1		3	17,671,787.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	210,951.	
	b Other (Describe in Part XIII.)	4b	2,977,509.	
	c Add lines 4a and 4b	4c	3,188,460.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,860,247.

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

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

1	Total expenses and losses per audited financial statements		1	19,850,269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	18,835.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	114,178.	
	e Add lines 2a through 2d	2e	133,013.	
3	Subtract line 2e from line 1		3	19,717,256.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	210,951.	
	b Other (Describe in Part XIII.)	4b	2,816,133.	
	c Add lines 4a and 4b	4c	3,027,084.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	22,744,340.

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, 2022 AND 2021.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	329,080.
SPECIAL EVENT EXPENSES	114,178.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	443,258.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES	2,816,133.
PLEDGE WRITE-OFF	161,376.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,977,509.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	114,178.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES	2,816,133.
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**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CENTENNIAL EVENT		1	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	710,705.	2,449.	713,154.
	2	Less: Contributions	710,705.	2,449.	713,154.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	22,340.		22,340.
	7	Food and beverages	35,484.		35,484.
	8	Entertainment			
	9	Other direct expenses	56,354.		56,354.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-114,178.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1401 LOS GAMOS, SUITE 120 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	7,125.	0.			DESIGNATED BY DONOR TO AGENCY
ACE MENTOR PROGRAM OF AMERICA BAY AREA AFFILIATE - 4633 OLD IRONSIDES DR., SUITE 130 - SANTA CLARA, CA 95054	27-0091002	501(C)(3)	5,658.	0.			DESIGNATED BY DONOR TO AGENCY
AIM AT MELANOMA 3040 CUTTING BLVD RICHMOND, CA 94804	56-2427805	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
ALAMEDA COUNTY SOCIAL SVCS AGENCY 2000 SAN PABLO AVENUE, 4TH FLOOR OAKLAND, CA 94612	94-3123953	501(C)(3)	50,000.	0.			PROGRAM GRANT
ALISA ANN RUCH BURN FOUNDATION NORTHERN CALIFORNIA OFFICE - 4534 MISSION STREET, SUITE 5 - SAN FRANCISCO, CA 94112	23-7162017	501(C)(3)	5,119.	0.			DESIGNATED BY DONOR TO AGENCY
ALZHEIMERS ASSOCIATION NORTHERN CALIFORNIA AND NORTHERN NEVADA - 2290 NORTH FIRST STREET, SUITE 101 - SAN JOSE, CA 95131	13-3039601	501(C)(3)	6,795.	0.			DESIGNATED BY DONOR TO AGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **156.**

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

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

Schedule I (Form 990) 2021

Part II 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 94103	94-1415287	501(C)(3)	5,333.	0.			DESIGNATED BY DONOR TO AGENCY
ASIAN INC 1167 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94103	94-1753170	501(C)(3)	5,500.	0.			PROGRAM GRANT
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 66 RAYMOND AVENUE - SAN FRANCISCO, CA 94134	94-2176139	501(C)(3)	10,000.	0.			PROGRAM GRANT
BARBARA & GERSON BAKAR FOUNDATION 201 FILBERT STREET, STE. 400 SAN FRANCISCO, CA 94133	20-5691977	501(C)(3)	5,608.	0.			DESIGNATED BY DONOR TO AGENCY
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	65,000.	0.			PROGRAM GRANT
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501(C)(3)	6,303.	0.			DESIGNATED BY DONOR TO AGENCY
BDES HALL ASSOCIATION 140 WEST J STREET BENICIA, CA 94510	32-0479501	501(C)(3)	7,607.	0.			DESIGNATED BY DONOR TO AGENCY
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(C)(3)	5,500.	0.			PROGRAM GRANT
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(C)(3)	6,952.	0.			DESIGNATED BY DONOR TO AGENCY

Schedule I (Form 990)

Part II 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENICIA MIDDLE SCHOOL ASSOCIATED STUDENT BODY FUND - 1100 SOUTHAMPTON ROAD - BENICIA, CA 94510	84-3529231	501(C)(3)	7,278.	0.			DESIGNATED BY DONOR TO AGENCY
BETA ALPHA PSI PO BOX 27131 SAN FRANCISCO, CA 94127	81-4547392	501(C)(3)	5,500.	0.			PROGRAM GRANT
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2221849	501(C)(3)	10,000.	0.			PROGRAM GRANT
BUCK CLUB GOLF TEAM STANFORD UNIVERSITY - 326 GALVEZ STREET, GIFT PROCESSING - STANFORD, CA 94305	94-1156365	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY (BOSS) - 1918 UNIVERSITY AVE. #2A - BERKELEY, CA 94704	51-0173390	501(C)(3)	12,500.	0.			PROGRAM GRANT
BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501(C)(3)	10,000.	0.			PROGRAM GRANT
CALIFORNIA GUN RIGHTS FOUNDATION 333 UNIVERSITY AVENUE, SUITE 200 SACRAMENTO, CA 95825	26-2794094	501(C)(3)	7,640.	0.			DESIGNATED BY DONOR TO AGENCY
CAMP TAYLOR 8224 W. GRAYSON ROAD MODESTO, CA 95358	04-3709177	501(C)(3)	10,999.	0.			DESIGNATED BY DONOR TO AGENCY
CANCER RESEARCH INSTITUTE 29 BROADWAY, FLOOR 4 NEW YORK, NY 10006	13-1837442	501(C)(3)	5,009.	0.			DESIGNATED BY DONOR TO AGENCY

Schedule I (Form 990)

Part II 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARONDELET HIGH SCHOOL FOUNDATION 1133 WINTON DRIVE CONCORD, CA 94518	94-3333365	501(C)(3)	5,500.	0.			DESIGNATED BY DONOR TO AGENCY
CATHOLIC CHARITIES EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501(C)(3)	8,238.	0.			DESIGNATED BY DONOR TO AGENCY
CENTER FOR COMMUNITY SELF-HELP 301 W. MAIN STREET DURHAM, NC 27701	56-1271685	501(C)(3)	25,000.	0.			PROGRAM GRANT
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT - TRI-VALLEY CAREER CENTER 7600 DUBLIN BLVD., 3RD FLOOR - DUBLIN, CA 94568	94-1670563	501(C)(3)	20,500.	0.			PROGRAM GRANT
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT FOUNDATION - SPARKPOINT CHABOT COLLEGE 25555 HESPERIAN BLVD. - HAYWARD, CA	23-7074515	501(C)(3)	80,000.	0.			PROGRAM GRANT
CHALLENGER ATHLETICS PO BOX 5511 BAY SHORE, NY 11706	46-2993141	501(C)(3)	5,898.	0.			DESIGNATED BY DONOR TO AGENCY
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND - 747 52ND STREET - OAKLAND, CA 94609	94-0382330	501(C)(3)	5,372.	0.			DESIGNATED BY DONOR TO AGENCY
CHILDREN'S NETWORK OF SOLANO COUNTY - 827 MISSOURI STREET, SUITE 5 - FARIFIELD, CA 94533	68-0014506	501(C)(3)	325,000.	0.			PROGRAM GRANT
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, SUITE 104 SAN FRANCISCO, CA 94108	94-2152893	501(C)(3)	25,000.	0.			PROGRAM GRANT

Schedule I (Form 990)

Part II 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COVENANT 225 OTTLEY DRIVE SUITE 100 ATLANTA, GA 30324	82-3589765	501(C)(3)	7,838.	0.			DESIGNATED BY DONOR TO AGENCY
CHRIST THE KING CHURCH OF PLEASANT HILL - 199 BRANDON ROAD - PLEASANT HILL, CA 94523	94-1535363	501(C)(3)	7,124.	0.			DESIGNATED BY DONOR TO AGENCY
CHURCH OF JESUS CHRIST LDS CORPORATION OF THE PRESIDENT - 50 E NORTH TEMPLE STREET ROOM 1521 - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	6,650.	0.			DESIGNATED BY DONOR TO AGENCY
CITY COLLEGE OF SAN FRANCISCO CITY COLLEGE OFFICE OF GRANTS & FISCAL SERVICES 33 GOUGH STREET - SAN FRANCI	94-1682567	501(C)(3)	30,000.	0.			PROGRAM GRANT
CITY OF SOUTH SAN FRANCISCO PROJECT READ 840 WEST ORANGE AVENUE - SOUTH SAN FRANCISCO, CA 94080	94-6000435	501(C)(3)	8,800.	0.			PROGRAM GRANT
CLASS OF 83 GIFT ACCOUNT STANFORD UNIVERSITY - 326 GALVEZ STREET, GIFT PROCESSING - STANFORD, CA 94305	94-1156365	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
COASTSIDE HOPE 99 AVENUE ALHAMBRA EL GRANADA, CA 94018	51-0199747	501(C)(3)	6,500.	0.			PROGRAM GRANT
COCOKIDS, INC. 1035 DETROIT AVE., SUITE 200 CONCORD, CA 94518	94-2383037	501(C)(3)	12,500.	0.			PROGRAM GRANT
CODE FOR AMERICA 972 MISSION STREET, 5TH FLOOR SAN FRANCISCO, CA 94103	27-1067272	501(C)(3)	100,000.	0.			PROGRAM GRANT

Schedule I (Form 990)

Part II 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLABORATING AGENCIES DISASTER RELIEF EFFORT (CADRE) - 2731 NORTH FIRST STREET - SAN JOSE, CA 95134	83-1035628	501(C)(3)	210,000.	0.			PROGRAM GRANT
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	94-0399260	501(C)(3)	6,500.	0.			DESIGNATED BY DONOR TO AGENCY
COMMUNITY ACTION MARIN 555 NORTHGATE DR., #201 SAN RAFAEL, CA 94903	94-6136365	501(C)(3)	180,000.	0.			PROGRAM GRANT
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE, STE. 210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	20,000.	0.			PROGRAM GRANT
COMMUNITY AGENCY FOR RESOURCES, ADVOCACY AND SERVICES (CARAS - 381-B FIRST STREET - GILROY, CA 95020	45-2834101	501(C)(3)	20,000.	0.			PROGRAM GRANT
COMMUNITY CHILD CARE COORDINATING CNCL OF ALAMEDA - 22351 CITY CENTER DRIVE - HAYWARD, CA 94541	23-7218859	501(C)(3)	16,000.	0.			PROGRAM GRANT
COMMUNITY FINANCIAL RESOURCES 771 EUCLID AVENUE BERKELEY, CA 94708	20-3788598	501(C)(3)	15,000.	0.			PROGRAM GRANT
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	22-2423882	501(C)(3)	8,273.	0.			DESIGNATED BY DONOR TO AGENCY
COMMUNITY HOUSING DEVELOPMENT CORPORATION - 1535 A FRED JACKSON WAY - RICHMOND, CA 94801	68-0235719	501(C)(3)	75,000.	0.			PROGRAM GRANT

Schedule I (Form 990)

Part II 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LIVING CAMPAIGN 1663 MISSION STREET SUITE 525 SAN FRANCISCO, CA 94103	26-1697250	501(C)(3)	75,000.	0.			PROGRAM GRANT
COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465	501(C)(3)	76,000.	0.			PROGRAM GRANT
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST SAN RAFAEL, CA 94901	94-2831592	501(C)(3)	7,600.	0.			DESIGNATED BY DONOR TO AGENCY
CONTRA COSTA CRISIS CENTER P.O. BOX 3364 WALNUT CREEK, CA 94598	94-1747227	501(C)(3)	130,000.	0.			PROGRAM GRANT
COUNCIL OF COMMUNITY HOUSING ORGANIZATIONS (CCHO) - 325 CLEMENTINA STREET - SAN FRANCISCO, CA 94103	33-0751806	501(C)(3)	25,000.	0.			PROGRAM GRANT
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501(C)(3)	30,000.	0.			PROGRAM GRANT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET FLOOR 16 NEW YORK, NY 10006	13-3433452	501(C)(3)	10,585.	0.			DESIGNATED BY DONOR TO AGENCY
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVENUE SAN RAFAEL, CA 94901	94-1156525	501(C)(3)	9,210.	0.			DESIGNATED BY DONOR TO AGENCY
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	94-1358309	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EAST BAY ASIAN LOCAL DEVELOPMENT CORP - 1825 SAN PABLO AVE., SUITE 200 - OAKLAND, CA 94612	51-0171851	501(C)(3)	310,000.	0.			PROGRAM GRANT
EAST BAY HOUSING ORGANIZATIONS 538 - 9TH STREET, STE 200 OAKLAND, CA 94607	94-3232405	501(C)(3)	25,000.	0.			PROGRAM GRANT
EDEN I AND R INC 570 B STREET HAYWARD, CA 94541	94-2330950	501(C)(3)	140,000.	0.			PROGRAM GRANT
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501(C)(3)	38,894.	0.			DESIGNATED BY DONOR TO AGENCY
FREEDOM COMMUNITY CLINIC 3215 TELEGRAPH AVE #101 OAKLAND, CA 94609	83-4249837	501(C)(3)	15,000.	0.			PROGRAM GRANT
FREMONT FAMILY RESOURCE CENTER 39155 LIBERTY STREET, SUITE A110 FREMONT, CA 94537	94-3333831	501(C)(3)	105,000.	0.			PROGRAM GRANT
FRIENDS OF CONSTRU CASA USA PO BOX 392 CRETE, NE 68333	45-2345557	501(C)(3)	10,450.	0.			DESIGNATED BY DONOR TO AGENCY
GOLDEN STATE OPPORTUNITY FOUNDATION - 345 CALIFORNIA STREET, #600 - SAN FRANCISCO, CA 94104	47-4325738	501(C)(3)	96,000.	0.			PROGRAM GRANT
HABITAT FOR HUMANITY EAST BAY SILICON VALLEY, INC. - 2619 BROADWAY, #205 - OAKLAND, CA 94612	91-1914868	501(C)(3)	40,000.	0.			PROGRAM GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY - 2619 BROADWAY - OAKLAND, CA 94612	94-3053687	501(C)(3)	5,198.	0.			DESIGNATED BY DONOR TO AGENCY
HARVARD-CLASS OF 1992 HARVARD BUSINESS SCHOOL - SOLDIERS FIELD - BOSTON, MA 02163	53-0199180	501(C)(3)	20,000.	0.			DESIGNATED BY DONOR TO AGENCY
HAYWARD AREA RECREATION AND PARK DISTRICT (HARD) - 1099 E STREET - HAYWARD, CA 94541	61-1754831	501(C)(3)	7,000.	0.			PROGRAM GRANT
HOLY SPIRIT SCHOOL-FAIRFIELD 1050 N TEXAS ST FAIRFIELD, CA 94533	45-3859941	501(C)(3)	5,719.	0.			DESIGNATED BY DONOR TO AGENCY
HOLY TRINITY HIGH SCHOOL-CHICAGO 1443 WEST DIVISION STREET CHICAGO, IL 60642	36-2431052	501(C)(3)	5,300.	0.			DESIGNATED BY DONOR TO AGENCY
HOUSING LEADERSHIP COUNCIL OF SAN MATEO COUNTY - 2905 S EL CAMINO REAL - SAN MATEO, CA 94403	94-3395945	501(C)(3)	25,000.	0.			PROGRAM GRANT
HUMAN INVESTMENT PROJECT, INC. AKA HIP HOUSING - 800 S. CLAREMONT STREET, #210 - SAN MATEO, CA 94402	94-2154614	501(C)(3)	20,000.	0.			PROGRAM GRANT
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BOULEVARD VALLEJO, CA 94591	94-3041601	501(C)(3)	8,540.	0.			DESIGNATED BY DONOR TO AGENCY
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	20,000.	0.			PROGRAM GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	5,577.	0.			DESIGNATED BY DONOR TO AGENCY
JF KAPNEK CHARITABLE TRUST 936 DEWING AVENUE, SUITE E3 LAFAYETTE, CA 94549	23-7165692	501(C)(3)	60,500.	0.			DESIGNATED BY DONOR TO AGENCY
JOHN BURTON ADVOCATES FOR YOUTH 235 MONTGOMERY STREET SUITE 1142 SAN FRANCISCO, CA 94104	81-2600695	501(C)(3)	22,000.	0.			PROGRAM GRANT
JUNIOR ACHIEVEMENT NORTHERN CALIFORNIA - 3003 OAK ROAD, SUITE 130 - WALNUT CREEK, CA 94597	94-1322179	501(C)(3)	15,358.	0.			DESIGNATED BY DONOR TO AGENCY
KEEN SAN FRANCISCO PO BOX 191321 SAN FRANCISCO, CA 94119	20-5458028	501(C)(3)	6,999.	0.			DESIGNATED BY DONOR TO AGENCY
KILISITINA KULANO 1719 PEACHWILLOW ROAD PITTSBURGH, CA 94565	31-2496687		7,500.	0.			PROGRAM GRANT
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 94549	94-2699518	501(C)(3)	9,127.	0.			DESIGNATED BY DONOR TO AGENCY
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 2325 EAST 12TH STREET - OAKLAND, CA 94601	94-3115164	501(C)(3)	35,000.	0.			PROGRAM GRANT
LAWYERS COMMITTEE FOR CIVIL RIGHTS OF THE SAN FRANCISCO BAY AREA - 131 STEUART ST, STE 400 - SAN FRANCISCO, CA 94105	94-2581415	501(C)(3)	50,000.	0.			DESIGNATED BY DONOR TO AGENCY

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LEGAL AID AT WORK 180 MONTGOMERY STREET, SUITE 600 SAN FRANCISCO, CA 94104	94-2783401	501(C)(3)	30,000.	0.			DESIGNATED BY DONOR TO AGENCY
LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501(C)(3)	70,000.	0.			PROGRAM GRANT
LYMPHOMA RESEARCH FOUNDATION 88 PINE STREET, SUITE 2400 NEW YORK, NY 10005	95-4335088	501(C)(3)	8,510.	0.			DESIGNATED BY DONOR TO AGENCY
MAKE A WISH FOUNDATION GREATER BAY AREA - 1333 BROADWAY, SUITE 200 - OAKLAND, CA 94612	94-2958481	501(C)(3)	16,065.	0.			DESIGNATED BY DONOR TO AGENCY
MARY FARMAR PARENT TEACHER'S ASSOCIATION - 901 MILITARY WEST - BENICIA, CA 94510	87-2055813	501(C)(3)	5,823.	0.			DESIGNATED BY DONOR TO AGENCY
MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - GRAND CENTRAL STATION, P.O. BOX 4777 - NEW YORK, NY 10163	13-4141945	501(C)(3)	13,504.	0.			DESIGNATED BY DONOR TO AGENCY
MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	11,028.	0.			DESIGNATED BY DONOR TO AGENCY
MILES HALL FOUNDATION INC 35 SANDRA COURT WALNUT CREEK, CA 94595	84-3451430	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501(C)(3)	106,000.	0.			PROGRAM GRANT

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MULTIPLYING GOOD 348 WEST 57TH STREET, SUITE 115 NEW YORK, NY 10019	52-0959336	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
NAMI SAN DIEGO 5095 MURPHY CANYON ROAD, STE. 320 SAN DIEGO, CA 92123	33-0122462	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
NEW DAY FOR CHILDREN PO BOX 439 ALAMO, CA 94507	27-0406125	501(C)(3)	6,306.	0.			DESIGNATED BY DONOR TO AGENCY
NON-PROFIT HOUSING ASSOCIATION OF NORTHERN CALIFORNIA - 369 PINE STREET, SUITE 350 - SAN FRANCISCO, CA 94104	94-2741597	501(C)(3)	35,000.	0.			PROGRAM GRANT
NORTHEAST COMMUNITY FEDERAL CREDIT UNION - 127 WAVERLY PLACE - SAN FRANCISCO, CA 94108	62-0676416	501(C)(3)	20,000.	0.			PROGRAM GRANT
NRA FOUNDATION 11250 WAPLES MILL RD FAIRFAX, VA 22030	52-1710886	501(C)(3)	6,047.	0.			DESIGNATED BY DONOR TO AGENCY
OAKLAND COMMUNITY LAND TRUST 101 BROADWAY, SUITE 310 OAKLAND, CA 94607	32-0285788	501(C)(3)	50,000.	0.			PROGRAM GRANT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	70,000.	0.			PROGRAM GRANT
ONE TREASURE ISLAND 1 AVENUE OF THE PALMS, ROOM 166 SAN FRANCISCO, CA 94130	94-3280624	501(C)(3)	15,000.	0.			PROGRAM GRANT

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ONEJUSTICE 433 CALIFORNIA STREET, SUITE 815 SAN FRANCISCO, CA 94104	94-2589423	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N. MAIN STREET SANTA ANA, CA 92701	33-0891574	501(C)(3)	6,200.	0.			DESIGNATED BY DONOR TO AGENCY
PACIFICA RESOURCE CENTER 1809 PALMETTO AVENUE PACIFICA, CA 94044	81-1496989	501(C)(3)	8,000.	0.			PROGRAM GRANT
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	5,860.	0.			DESIGNATED BY DONOR TO AGENCY
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	12,000.	0.			PROGRAM GRANT
PUNKHIRE 2166 CLEARVIEW CIRCLE BENICIA, CA 94510	46-1240825	501(C)(3)	5,840.	0.			DESIGNATED BY DONOR TO AGENCY
RENAISSANCE ENTREPRENEURSHIP CENTER - 275 5TH STREET - SAN FRANCISCO, CA 94103	94-2793122	501(C)(3)	8,000.	0.			PROGRAM GRANT
RICHMOND COMMUNITY FOUNDATION 3260 BLUME DRIVE SUITE 110 RICHMOND, CA 94806	94-3337754	501(C)(3)	735,000.	0.			PROGRAM GRANT
RICHMOND NEIGHBORHOOD HOUSING SERVICES - 12972 SAN PABLO AVENUE - RICHMOND, CA 94805	94-2791683	501(C)(3)	40,000.	0.			PROGRAM GRANT

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RODRIGUEZ ATHLETIC BOOSTERS 5000 RED TOP ROAD FAIRFIELD, CA 94534	68-0486564	501(C)(3)	7,508.	0.			DESIGNATED BY DONOR TO AGENCY
RUBICON PROGRAMS, INC 2500 BISSELL AVENUE RICHMOND, CA 94804	94-2301550	501(C)(3)	10,000.	0.			PROGRAM GRANT
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501(C)(3)	172,000.	0.			PROGRAM GRANT
SAMARITAN HOUSE 4031 PACIFIC BLVD., 3RD FLOOR SAN MATEO, CA 94403	23-7416272	501(C)(3)	228,000.	0.			PROGRAM GRANT
SAN ANTONIO COMMUNITY DEVELOPMENT CORP - 2228 EAST 15TH STREET - OAKLAND, CA 94606	94-2675448	501(C)(3)	45,000.	0.			PROGRAM GRANT
SAN FRANCISCO COMMUNITY AGENCIES RESPONDING TO DISASTER - 1270 SANCHEZ STREET - SAN FRANCISCO, CA 94114	45-3600883	501(C)(3)	341,000.	0.			PROGRAM GRANT
SAN FRANCISCO COMMUNITY EMPOWERMENT CTR. - 2875 SAN BRUNO AVENUE - SAN FRANCISCO, CA 94134	20-4121042	501(C)(3)	7,500.	0.			PROGRAM GRANT
SAN FRANCISCO MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	5,734.	0.			DESIGNATED BY DONOR TO AGENCY
SAN FRANCISCO SPCA 201 ALABAMA STREET SAN FRANCISCO, CA 94103	94-0836580	501(C)(3)	5,885.	0.			DESIGNATED BY DONOR TO AGENCY

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SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE UNIVERSITY BURSAR, ADM 155 - SAN FRANCISCO, CA 94132	26-1169717	501(C)(3)	30,000.	0.			PROGRAM GRANT
SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT - 40 S MARKET ST 5TH FLOOR - SAN JOSE, CA 95113	94-2877474	501(C)(3)	185,000.	0.			PROGRAM GRANT
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - SKYLINE COLLEGE 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	175,000.	0.			PROGRAM GRANT
SHRINERS HOSPITAL FOR CHILDREN NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	36-2193608	501(C)(3)	7,013.	0.			DESIGNATED BY DONOR TO AGENCY
SILICON VALLEY AT HOME 350 W. JULIAN STREET, BLDG 5 SAN JOSE, CA 95110	81-4755729	501(C)(3)	25,000.	0.			PROGRAM GRANT
SOMOS MAYFAIR INC 370 S KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)(3)	40,000.	0.			PROGRAM GRANT
SPCA OF SOLANO COUNTY 2200 PEABODY ROAD VACAVILLE, CA 95687	94-2607843	501(C)(3)	5,878.	0.			DESIGNATED BY DONOR TO AGENCY
ST JOSEPHS FAMILY CENTER 7950 CHURCH STREET, SUITE A GILROY, CA 95020	03-0391775	501(C)(3)	76,000.	0.			PROGRAM GRANT
ST STEPHENS EPISCOPAL CHURCH-ORINDA - 66 ST STEPHENS DRIVE - ORINDA, CA 94563	94-1399270	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY

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ST. DOMINIC SCHOOL 935 EAST 5TH STREET BENICIA, CA 94510	94-1464733	501(C)(3)	5,280.	0.			DESIGNATED BY DONOR TO AGENCY
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	13,070.	0.			DESIGNATED BY DONOR TO AGENCY
ST. JUDE CHILDREN'S RESEARCH HOSPITAL ALSAC - 501 ST JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)(3)	7,033.	0.			DESIGNATED BY DONOR TO AGENCY
SUNNYVALE COMMUNITY SERVICES 1160 KERN AVENUE SUNNYVALE, CA 94085	94-1713897	501(C)(3)	76,000.	0.			PROGRAM GRANT
SYRACUSE UNIVERSITY 640 SKYTOP ROAD, ROOM 240 SYRACUSE, NY 13244	15-0532081	501(C)(3)	42,970.	0.			DESIGNATED BY DONOR TO AGENCY
TAX-AID 235 MONTGOMERY STREET, SUITE 1155 SAN FRANCISCO, CA 94104	94-3062518	501(C)(3)	8,000.	0.			PROGRAM GRANT
THE BASIC FUND 1301 CLAY STREET, UNIT 70450 OAKLAND, CA 94612	94-3290699	501(C)(3)	20,000.	0.			DESIGNATED BY DONOR TO AGENCY
THE FATHERS HOUSE 126 PEABODY ROAD VACAVILLE, CA 95687	68-0408159	501(C)(3)	20,713.	0.			DESIGNATED BY DONOR TO AGENCY
THE SALVATION ARMY-SANTA CLARA COUNTY - 359 NORTH 4TH ST - SAN JOSE, CA 95112	94-1156347	501(C)(3)	70,000.	0.			PROGRAM GRANT

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THE UNITY COUNCIL OF ALAMEDA COUNTY INC - 1900 FRUITVALE AVE, SUITE 2B - OAKLAND, CA 94601	94-1670490	501(C)(3)	50,000.	0.			PROGRAM GRANT
THE WOMEN'S BUILDING-SF WOMENS CENTER INC. - 3543 - 18TH STREET - SAN FRANCISCO, CA 94110	94-1730620	501(C)(3)	18,000.	0.			PROGRAM GRANT
TRAVIS CREDIT UNION P O BOX 2069 VACAVILLE, CA 95696	94-1242831	501(C)(3)	10,000.	0.			PROGRAM GRANT
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	94-1322169	501(C)(3)	25,000.	0.			PROGRAM GRANT
UNITED WAY OF GREATER UNION COUNTY 33 W GRAND STREET ELIZABETH, NJ 07202	22-1904427	501(C)(3)	7,324.	0.			DESIGNATED BY DONOR TO AGENCY
UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA RD., SUITE 106 CAPITOLA, CA 95010	94-1422471	501(C)(3)	37,500.	0.			PROGRAM GRANT
UNITED WAY OF THE COLUMBIA-WILLAMETTE - 619 SW 11TH AVE SUITE 300 - PORTLAND, OR 97205	93-0582124	501(C)(3)	5,543.	0.			DESIGNATED BY DONOR TO AGENCY
UNITED WAY WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646	501(C)(3)	225,000.	0.			PROGRAM GRANT
UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVENUE, #12 SOUTH PASADENA, CA 91030	94-1646369	501(C)(3)	100,000.	0.			PROGRAM GRANT

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URBAN HABITAT PROGRAM 2000 FRANKLIN STREET OAKLAND, CA 94612	20-0275424	501(C)(3)	50,000.	0.			PROGRAM GRANT
USA CYCLING FOUNDATION 210 USA CYCLING POINT STE 100 COLORADO SPRINGS, CO 80919	84-1529751	501(C)(3)	17,500.	0.			DESIGNATED BY DONOR TO AGENCY
USA CYCLING, INC. 210 USA CYCLING POINT, SUITE 100 COLORADO SPRINGS, CO 80919	84-1284437	501(C)(3)	17,350.	0.			DESIGNATED BY DONOR TO AGENCY
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTNO, CA 95014	94-2211685	501(C)(3)	120,000.	0.			PROGRAM GRANT
WILDAID INC 333 PINE STREET, SUITE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, STE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	14,933.	0.			DESIGNATED BY DONOR TO AGENCY
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	94-0997140	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY

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

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

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

PART I, LINE 2:

FUNDING ALLOCATED TO AGENCIES AS DIRECTED BY DONORS:

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

ALLOCATIONS AND RE-GRANTS TO PARTNERS:

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ZWICK, KEVIN CHIEF EXECUTIVE OFFICER	(i)	311,198.	50,000.	54.	19,500.	7,650.	388,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BERINI, CHRISTOPHER CHIEF ADVANCEMENT OFFICER	(i)	224,407.	16,000.	39.	13,477.	1,660.	255,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BATSON, KELLY A. CHIEF COMMUNITY IMPACT OFFICER	(i)	179,432.	0.	627.	15,600.	1,660.	197,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) YASUHARA LI, ENA SENIOR VP, IMPACT STRATEGIES	(i)	148,175.	0.	488.	19,500.	0.	168,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	2,595,475.	PROCEEDS FROM SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2021

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)**

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

FORM 990, PART I, LINE 6

VOLUNTEERS

VOLUNTEER NUMBER INCLUDES VOLUNTEERS WHO PROVIDE DIRECT SERVICE TO

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

FUNDRAISERS AND CAMPAIGN COORDINATORS, ADVOCACY AND PUBLIC POLICY

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

PROGRAMS, AS WELL AS VOLUNTEER MATCHING REFERRALS THAT MATCH AND

MOBILIZE VOLUNTEERS STRATEGICALLY TO MEET IDENTIFIED COMMUNITY NEEDS.

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

SUPPORT ACCESS TO PUBLIC BENEFITS AND FINANCIAL COACHING SERVICES.

SPARKPOINT PROVIDED SERVICES TO APPROXIMATELY 13,000 INDIVIDUALS

THROUGHOUT THE SAN FRANCISCO BAY AREA REGION THROUGH 11 SPARKPOINT

CENTERS AND 20 SERVICE LOCATIONS. MOST COMMUNITY MEMBERS SOUGHT OUT

SPARKPOINT TO ACCESS SUPPORTIVE SERVICES RELATED TO RENTAL RELIEF AND

GETTING HELP MEETING THEIR BASIC NEEDS. A TOTAL OF OVER 2,000

PARTICIPATED IN FREE ONE-ON-ONE FINANCIAL COACHING SERVICES TO REACH

THEIR FINANCIAL GOALS, AMONG WHOM 78% WERE ABLE TO MAKE PROGRESS TOWARD

THEIR FINANCIAL GOALS AFTER ENROLLING IN SPARKPOINT AND APPROXIMATELY

350 OBTAINED JOB PLACEMENTS.

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

CALLERS IS HOUSING-RELATED, AND 211 IS SCREENING CALLERS FOR HOUSING

STABILITY TO ENSURE BAY AREA RESIDENTS CAN ACCESS EVERYTHING FROM

SHELTER INFORMATION AND TENANTS' RIGHTS RESOURCES TO RENTAL ASSISTANCE

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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

FREE TAX HELP (FORMERLY KNOWN AS EARN IT! KEEP IT! SAVE IT!) - UWBA

FREE TAX HELP PROGRAM PROVIDES HIGH-QUALITY FREE TAX PREPARATION IN OUR

EIGHT COUNTIES. UWBA WORK CLOSELY WITH IRS AND LOCAL VITA (VOLUNTEER

INCOME TAX ASSISTANCE) SITES. UWBA TYPICALLY HAVE MORE THAN 100 TAX

SITES MANAGED BY OUR COALITION LOCALLY. IN 2022, MANY OF UWBA SITES

WERE ABLE TO OPERATE WITH AN IN-PERSON COMPONENT AS WELL AS VIRTUAL

THROUGH UWBA PARTNERSHIP WITH GETYOURREFUND.ORG. THIS YEAR, UWBA SERVED

APPROXIMATELY 30,000 HOUSEHOLDS AND HELPED THEM CLAIM OVER \$52 MILLION

IN REFUNDS. UWBA AIM TO SERVE A SIMILAR OR HIGHER NUMBER FOR NEXT TAX

SEASON. UWBA ASSIST EITC (EARNED INCOME TAX CREDIT)-ELIGIBLE FAMILIES

IN CLAIMING LIFE-CHANGING TAX CREDITS BECAUSE THE EITC AND THE CTC

(CHILD TAX CREDIT) ARE CRITICAL POVERTY FIGHTING TOOLS THE CREDITS ARE

WELL-RESEARCHED AND PROVEN TO BE THE MOST EFFECTIVE ANTI-POVERTY

PROGRAM IN THE COUNTRY. UWBA HAVE ALSO BEEN ABLE TO KEEP NEARLY ALL

UWBA SITES OPEN, ENGAGING APPROXIMATELY 1,000 VOLUNTEERS.

EMERGENCY FOOD & SHELTER PROGRAM ("EFSP") - EFSP IS CRITICAL TO UWBA'S

POVERTY-FIGHTING AGENDA. THIS YEAR, EFSP ENTERED ITS 39TH YEAR OF

FUNDING SAFETY NET PROGRAMS. THIS FEDERAL FUNDING IS ALLOCATED TO FEMA,

WHICH 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 (LOCAL BOARDS ARE MANDATED LOCAL COMMITTEES THAT HAVE

OVERSIGHT OF THE FEDERAL FUNDING) HAVE ALLOCATED FEDERAL FUNDING TO

HUNDREDS OF FOOD AND SHELTER PROGRAMS. FOR THIS MOST RECENT ROUND OF

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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FUNDING, EFSP ALLOCATED APPROXIMATELY \$7,692,000 TO AGENCIES IN EIGHT COUNTIES. APPROXIMATELY 500,000 UNDUPLICATED INDIVIDUALS WERE SERVED BY ONE OF THE 131 EFSP-FUNDED AGENCIES IN THE BAY AREA DURING THE CURRENT GRANT PERIOD. WHILE THIS IS NOT FUNDING RAISED BY UWBA, IT IS VITAL THAT UWBA EXPERTISE AND RELATIONSHIPS ARE LEVERAGED TO SUPPORT OUR LOCAL FOOD AND SHELTER PROGRAMS.

LABOR COMMUNITY SERVICES - THE LABOR COMMUNITY SERVICES PROGRAM IS A COMPREHENSIVE RESOURCE FOR WORKING FAMILIES. UWBA LABOR LIAISONS, PLACED WITH THREE LOCAL CENTRAL LABOR COUNCILS, PROVIDE INFORMATION AND REFERRAL, DIRECT HARDSHIP ASSISTANCE, HIGH-IMPACT WORKFORCE PROGRAMS, COMMUNITY ORGANIZING, IMMIGRATION LEGAL SERVICES, AND CIVIC ENGAGEMENT OPPORTUNITIES. IN FISCAL YEAR 2022, UWBA CONTINUED TO FEEL THE IMPACT OF COVID AS SOME MEMBERS RETURNED TO WORK, OTHERS WERE STILL OUT OF WORK, AND MORE WORKERS WERE FIGHTING THROUGH CONTRACT NEGOTIATIONS AND IN SOME CASES STRIKES FOR PROTECTIONS. UWBA THREE LABOR COMMUNITY SERVICES STAFF SERVED APPROXIMATELY 1,800 HOUSEHOLDS (APPROXIMATELY 5,000 INDIVIDUALS) WITH DIRECT FINANCIAL ASSISTANCE FOR HARDSHIPS, OR PROVIDED CASE MANAGEMENT AND CONNECTION TO OTHER LOCAL SOCIAL SERVICES AGENCIES.

YOUTH WORKFORCE - THROUGH UWBA YOUTH WORKFORCE INITIATIVE, UWBA ARE PROVIDING CAREER EXPLORATION AND READINESS OPPORTUNITIES FOR YOUTH AGED 14-24. THIS YEAR, UWBA NOT ONLY EXPANDED UWBA PROGRAMMING REGION-WIDE; UWBA ALSO EXPANDED TO INCLUDE A FOCUS ON POST-SECONDARY EDUCATIONAL OPPORTUNITIES BY INCLUDING REPRESENTATION FROM THE TRADES INTRODUCTION PROGRAM AND CAREER TECHNICAL EDUCATION PROGRAMS. UWBA CONTINUED TO HOST VIRTUAL YOUTH WORKFORCE OPPORTUNITIES ACROSS THE BAY AREA AND PARTNERED

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WITH COMMUNITY AGENCIES IN SANTA CLARA, SOLANO, AND ALAMEDA COUNTIES AS WELL AS CORPORATE PARTNERS INCLUDING TARGET, EXACT SCIENCES, DELOITTE, AND OTHERS, TO PROVIDE CAREER READINESS WORKSHOPS, CAREER PANELS, AND RESOURCES. UWBA ON TRACK CAREER EXPO, WHICH EXPOSES YOUTH TO PROFESSIONAL PATHWAYS AND INDUSTRIES, RETURNED TO AN IN-PERSON FORMAT AT SAN JOSE CITY COLLEGE. THE EVENT WAS HELD FOR THE FIRST TIME AT A POST-SECONDARY SPACE, MARKING A SHIFT IN UWBA YOUTH WORKFORCE PROGRAMMING. ON TRACK FEATURED 10 DIFFERENT INDUSTRIES AND ENGAGED OVER 100 YOUTH AND 50 VOLUNTEERS FROM ACROSS THE BAY AREA.

HOUSING JUSTICE - WITH A WORSENING HOUSING CRISIS IN THE BAY AREA THAT SEVERELY IMPACTS LOW-INCOME PEOPLE, AND PEOPLE OF COLOR, UWBA HAS AMPLIFIED UWBA WORK AND IS OPERATING ON MULTIPLE FRONTS TO FIND SOLUTIONS TO THE LACK OF AFFORDABLE HOUSING. UWBA ALLOCATED \$640,000 ACROSS 16 ORGANIZATIONS, WORKING TO REDRESS RACIAL WEALTH THROUGH HOMEOWNERSHIP; ADVANCE INNOVATIVE HOUSING SOLUTIONS; AND SUPPORT LOCAL COMMUNITY-LED POLICY ADVOCACY THAT ADVANCES HOUSING JUSTICE. IN ADDITION, OUR UWBA AMBASSADORS, A GROUP OF COMMUNITY MEMBERS ADDING CLIENT VOICE TO SHAPE PROGRAMMATIC AND ADVOCACY STRATEGIES, GRANTED \$250,000 TO 10 HOUSING ORGANIZATIONS. OVER THE PAST YEAR, UWBA EXPANDED PARTNERSHIPS WITH REGIONAL HOUSING COALITIONS AND PARTNERED WITH ORGANIZATIONS THAT ARE WORKING TO ADVANCE HOUSING JUSTICE. UWBA ALSO SUPPORTED FOUR AFFORDABLE HOUSING ORGANIZATIONS ACROSS THE REGION WITH GRANTS TOTALING \$110,000.

PUBLIC POLICY ADVOCACY - UWBA RECOGNIZES THAT IN ORDER TO ACHIEVE UWBA'S GOAL OF ENDING POVERTY IN THE COMMUNITY, WE MUST ADVANCE PUBLIC POLICIES THAT SUPPORT UWBA MISSION. UWBA'S PUBLIC POLICY TEAM

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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INFLUENCES POLICY AND ENGAGES IN ADVOCACY AT ALL LEVELS OF GOVERNMENT.

UWBA'S PRIMARY POLICY FOCUS IS TARGETED AT THE LOCAL LEVEL IN THE

EIGHT-COUNTY SERVICE AREA (ALAMEDA, CONTRA COSTA, MARIN, NAPA, SAN

FRANCISCO, SANTA CLARA, SAN MATEO, AND SOLANO). IN ADDITION, UWBA

PROVIDES ADVOCACY SUPPORT TO STATE AND FEDERAL ISSUES IMPORTANT TO THE

UNITED WAY NETWORK. IN MARCH 2022, UWBA MET WITH EVERY MEMBER OF THE

STATE LEGISLATURE REPRESENTING THE BAY AREA, WHERE THE MAIN TOPICS OF

DISCUSSION WERE CREATING A STATEWIDE FUNDING REQUEST FOR 211

IMPROVEMENTS, CONTINUING TO ENSURE RESIDENTS WERE ABLE TO SUSTAIN

THEMSELVES AFTER THE PANDEMIC, AND ENSURING THE EXTENSION OF THE

EXPIRING CHILD TAX CREDIT AND EARNED INCOME TAX CREDIT. UWBA ADVOCATED

FOR A FEDERAL ONE-TIME CHILD TAX CREDIT PAYMENT INCREASE, CREATING A

FEDERAL SOURCE FOR 211 IMPROVEMENTS, AND ENSURING THE FEDERAL BUDGET

DOES NOT CUT ESSENTIAL FUNDING FOR THE EMERGENCY FOOD AND SHELTER

PROGRAM.

A WILDFIRE FUND - 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 AREAS

AFFECTED WERE 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

UWBA.

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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EXPENSES \$ 4,358,605. INCLUDING GRANTS OF \$ 1,037,533. REVENUE \$ 0.

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

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 B, LINE 11B:

THE CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEWS A FINAL DRAFT OF FORM 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 FORM 990 IS SUBMITTED TO THE IRS.

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

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

THE POLICY PROHIBITS PERFORMING COMPENSATED SERVICES FOR OR HAVING A

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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BENEFICIAL INTEREST IN, OR BEING SUBSTANTIALLY OBLIGATED TO (OR A SIMILAR RELATIONSHIP FOR ANY FAMILY MEMBER OR CLOSE RELATIVE), ANY OF UWBA'S SUPPLIERS OF GOODS OR SERVICES OR ANY OTHER ORGANIZATION DOING BUSINESS WITH UWBA UNLESS SUCH FACT HAS BEEN PROPERLY DISCLOSED TO UWBA'S CEO AND TO UWBA'S BOARD, AND SUCH RELATIONSHIP HAS BEEN SPECIFICALLY APPROVED BY THE BOARD ON THE BASIS OF A FULL DISCLOSURE OF THE FACTS.

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

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

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

THE PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT AND OFFICERS/KEY

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

PROGRAM SERVICE EXPENSES	2,096,871.
MANAGEMENT AND GENERAL EXPENSES	287,243.
FUNDRAISING EXPENSES	488,312.
TOTAL EXPENSES	2,872,426.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,872,426.

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

CHANGE IN PENSION LIABILITY IN EXCESS OF INTANGIBLE PENSION ASSETS	329,080.
PLEDGE WRITE-OFF	-161,376.
TOTAL TO FORM 990, PART XI, LINE 9	167,704.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

MATT BENFORD

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

Telephone No. ▶ **415-808-4317** 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

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

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