

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: X Address change
C Name of organization: UNITED WAY OF THE BAY AREA
D Employer identification number: 94-1312348
E Telephone number: 415-808-4300
G Gross receipts \$: 33,658,092.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.UWBA.ORG
K Form of organization: X Corporation
L Year of formation: 1922
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: KELLY BATSON, INTERIM CEO
Preparer: QI WEN LIANG
Date: 05/14/24
PTIN: P01270238
Firm: MOSS ADAMS LLP
Address: 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105

May the IRS discuss this return with the preparer shown above? See instructions X 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 \$ 2,761,997. including grants of \$ 1,614,487.) (Revenue \$) 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 FISCAL YEAR 2023, 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 31,900 HOUSEHOLDS AND HELPED THEM CLAIM OVER \$45.4 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

4b (Code:) (Expenses \$ 1,929,704. including grants of \$ 1,890,000.) (Revenue \$) 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 \$ 1,821,063. including grants of \$ 325,000.) (Revenue \$ 79,734.) 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 2023, 211 ANSWERED APPROXIMATELY 45,960 CALLS AND TEXTS PROVIDING BAY AREA RESIDENTS WITH INFORMATION AND A TOTAL OF APPROXIMATELY 104,000 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. THE NUMBER ONE NEED OF CALLERS IS HOUSING-RELATED, AND SINCE 2022, 211 HAS SCREENING CALLERS FOR HOUSING STABILITY TO ENSURE BAY AREA RESIDENTS CAN ACCESS EVERYTHING FROM SHELTER INFORMATION AND TENANTS' RIGHTS RESOURCES TO RENTAL ASSISTANCE AND SUPPORTIVE HOUSING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,472,811. including grants of \$ 4,972,667.) (Revenue \$ 175,554.)

4e Total program service expenses 17,985,575.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		76
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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.		
	13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	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?		
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	
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?		

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
BRIAN KATAOKA - 415-808-4300
550 KEARNY ST, #510, 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, box 6 of 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			374,525.	0.	49,697.	
(2) BERINI, CHRISTOPHER CHIEF ADVANCEMENT OFFICER	37.50 0.00				X		269,577.	0.	24,727.	
(3) BENAVIDEZ, ROBERT CHIEF FINANCIAL OFFICER (THRU 12/22)	37.50 0.00			X			259,191.	0.	14,964.	
(4) RAMOS, JOSE VICE PRESIDENT, MARKETING	37.50 0.00					X	190,515.	0.	49,558.	
(5) BATSON, KELLY A. CHIEF COMMUNITY IMPACT OFFICER	37.50 0.00				X		211,190.	0.	22,627.	
(6) MARTIN, CAROLINA VICE PRESIDENT, DEVELOPMENT	37.50 0.00					X	189,021.	0.	41,002.	
(7) ESCOBAR, LAURA VICE PRESIDENT, SAFETY NET SERVICES	37.50 0.00					X	154,640.	0.	40,927.	
(8) YASUHARA LI, ENA SENIOR VP, IMPACT STRATEGIES	37.50 0.00					X	173,390.	0.	10,123.	
(9) HARDEN, NICOLE VICE PRESIDENT, ECONOMIC SUCCESS	37.50 0.00					X	149,515.	0.	23,612.	
(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) BASOCO-VILLARREAL, ANISSA DIRECTOR, GOVERNANCE COMMITTEE	2.00 0.00	X					0.	0.	0.	
(15) BOLARIA-SHIPRIN, RUBY DIRECTOR	2.00 0.00	X					0.	0.	0.	
(16) BRANCH, MICHELLE DIR., CHAIR GOVERN. COM, & PP COM	2.00 0.00	X					0.	0.	0.	
(17) CABA, OUSMANE CHAIR OF 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) CHEN, ALICE DIRECTOR, ADVANCEMENT COMMITTEE	2.00 0.00	X						0.	0.	0.
(19) GONZALEZ, RUDY DIRECTOR, ADVANCEMENT COMMITTEE	2.00 0.00	X						0.	0.	0.
(20) KRIVKOVICH, ALEXIS DIRECTOR, FINANCE COMMITTEE	2.00 0.00	X						0.	0.	0.
(21) MANZO, PETE DIRECTOR, FINANCE COMMITTEE	2.00 0.00	X						0.	0.	0.
(22) STREET, ERIC DIRECTOR, TOQSOC COUNCIL, AUDIT COMM	2.00 0.00	X						0.	0.	0.
(23) KATAOKA, BRIAN CHIEF FINANCIAL OFFICER (AS OF 06/23)	37.50 0.00			X				0.	0.	0.
1b Subtotal								1,971,564.	0.	277,237.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,971,564.	0.	277,237.

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 24

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAYS OF CALIFORNIA, 1107 FAIR OAKS AVE #12, SOUTH PASADENA, CA 91030	211 CONSULTING SERVICES	1,121,249.
THE PURSUANT GROUP INC PO BOX 120519, DALLAS, TX 75312	MARKETING & ANALYTICS	207,311.
INTELLIGENT TECHNICAL SOLUTIONS PO BOX 29650, OLYMPIA, WA 98502	TECHNICAL SUPPORT SERVICES	176,802.
MOSS ADAMS, LLP PO BOX 101822, PASADENA, CA 91189	AUDIT/TAX SERVICES	148,988.
CENTURY GROUP PROFESSIONALS, LLC, 222 N. PACIFIC COAST HWY., SUITE 2150, EL	STAFFING SERVICES	135,764.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,852,692.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,272,847.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,277,264.			
	h	Total. Add lines 1a-1f		20,125,539.			
Program Service Revenue	2 a	PLEDGE PROCESSING FEES	Business Code	900099	195,288.	195,288.	
	b	CONSULTING FEE INCOME	900099	60,000.	60,000.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		255,288.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		873,782.		873,782.	
	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			
					12,403,483.		
	b	Less: cost or other basis and sales expenses	7b	13,926,933.			
	c	Gain or (loss)	7c	-1,523,450.			
d	Net gain or (loss)		-1,523,450.		-1523450.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		19,731,159.	255,288.	0.	-649,668.	

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	8,802,154.	8,802,154.		
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	1,226,913.	252,268.	645,255.	329,390.
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	6,357,011.	3,903,310.	1,006,471.	1,447,230.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,691.	188,794.	51,090.	69,807.
9 Other employee benefits	43,745.	24,174.	9,311.	10,260.
10 Payroll taxes	464,295.	255,696.	100,075.	108,524.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,437.		8,437.	
c Accounting	288,556.		288,556.	
d Lobbying	26,038.	26,038.		
e Professional fundraising services. See Part IV, line 17	57,813.			57,813.
f Investment management fees	208,980.		208,980.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,970,863.	2,015,691.	235,829.	719,343.
12 Advertising and promotion	1,088,869.	783,189.	146.	305,534.
13 Office expenses	551,080.	328,825.	88,271.	133,984.
14 Information technology	570,344.	272,473.	84,483.	213,388.
15 Royalties				
16 Occupancy	558,567.	267,941.	146,776.	143,850.
17 Travel	152,817.	111,847.	7,261.	33,709.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	118,338.	76,813.	4,490.	37,035.
20 Interest	130,690.	73,835.	28,714.	28,141.
21 Payments to affiliates	462,046.	375,115.	42,893.	44,038.
22 Depreciation, depletion, and amortization	173,034.	97,758.	38,017.	37,259.
23 Insurance	66,949.	37,824.	14,709.	14,416.
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 BRANDING	238,253.			238,253.
b RECRUITMENT	90,452.	42,910.	16,687.	30,855.
c PLEDGE PROCESSING	79,772.	45,068.	17,527.	17,177.
d _____				
e All other expenses _____	5,669.	3,852.		1,817.
25 Total functional expenses. Add lines 1 through 24e	25,051,376.	17,985,575.	3,043,978.	4,021,823.
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	2,115,523.	1	1,728,858.
	2 Savings and temporary cash investments	606,207.	2	220,675.
	3 Pledges and grants receivable, net	6,401,996.	3	9,155,810.
	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	7,891.	9	83,471.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,554,485.		
	b Less: accumulated depreciation	10b 2,297,626.	104,792.	10c 256,859.
	11 Investments - publicly traded securities	30,012,142.	11	21,604,365.
	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	130,298.	15	2,732,817.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,378,849.	16	35,782,855.	
Liabilities	17 Accounts payable and accrued expenses	3,543,929.	17	2,851,792.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	175,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,031,504.	21	1,731,141.
	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	2,022,818.	23	3,102.
	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	117,973.	25	2,697,485.
	26 Total liabilities. Add lines 17 through 25	8,716,224.	26	7,458,520.
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	22,335,925.	27	18,276,209.
	28 Net assets with donor restrictions	8,326,700.	28	10,048,126.
	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	30,662,625.	32	28,324,335.
	33 Total liabilities and net assets/fund balances	39,378,849.	33	35,782,855.

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	19,731,159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,051,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,320,217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,662,625.
5	Net unrealized gains (losses) on investments	5	2,469,616.
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	512,311.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,324,335.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27760517.	31542519.	40856628.	19902529.	20125539.	140187732
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	27760517.	31542519.	40856628.	19902529.	20125539.	140187732
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)						18476174.
6 Public support. Subtract line 5 from line 4.						121711558

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	27760517.	31542519.	40856628.	19902529.	20125539.	140187732
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	577,303.	689,075.	739,399.	975,411.	873,782.	3854970.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						144042702
12 Gross receipts from related activities, etc. (see instructions)					12	3,939,151.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	84.50	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.51	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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 (<i>explain in detail in Part VI</i>):		
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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Horizontal lines for supplemental information input.

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

2022

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>3,000,000.</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>669,865.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>796,000.</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>582,928.</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>976,583.</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>2,446,347.</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>619,456.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>1,000,095.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>1,034,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>1,015,216.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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
8	PUBLIC TRADED SECURITIES _____ _____ _____	\$ 1,000,095.	03/31/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2022

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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)	26,038.													
c	Total lobbying expenditures (add lines 1a and 1b)	26,038.													
d	Other exempt purpose expenditures	21,003,515.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	21,029,553.													
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) 2019	(b) 2020	(c) 2021	(d) 2022	(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	1,046.	900.		26,038.	27,984.
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	1,046.	900.			1,946.

Schedule C (Form 990) 2022

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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 structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and reporting).

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 2. 1a: Reporting on art collections for public service. 1b: Reporting on art collections for public service with amounts. 2: Reporting on art collections for financial gain with amounts.

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	6,280,532.	6,524,436.	5,060,888.	5,252,820.	5,208,751.
b Contributions				-967.	1,656.
c Net investment earnings, gains, and losses	514,990.	85,177.	1,731,554.	10,038.	266,882.
d Grants or scholarships					
e Other expenditures for facilities and programs	883,951.	329,081.	241,941.	177,972.	201,426.
f Administrative expenses			26,065.	23,031.	23,043.
g End of year balance	5,911,571.	6,280,532.	6,524,436.	5,060,888.	5,252,820.

- 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 66.0000 %
 - c Term endowment 34.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		428,240.	374,711.	53,529.
d Equipment		220,684.	212,314.	8,370.
e Other		1,905,561.	1,710,601.	194,960.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				256,859.

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) OTHER RECEIVABLES	137,581.
(2) ROU ASSET	2,595,236.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,732,817.

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) OPERATING LEASE LIABILITY	2,697,485.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,697,485.

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	20,378,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,469,616.	
	b Donated services and use of facilities	2b	109,482.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,039,246.	
	e Add lines 2a through 2d	2e		3,618,344.
3	Subtract line 2e from line 1		3	16,759,703.
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	208,980.	
	b Other (Describe in Part XIII.)	4b	2,762,476.	
	c Add lines 4a and 4b	4c		2,971,456.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,731,159.

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	22,716,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	109,482.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		109,482.
3	Subtract line 2e from line 1		3	22,606,855.
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	208,980.	
	b Other (Describe in Part XIII.)	4b	2,235,541.	
	c Add lines 4a and 4b	4c		2,444,521.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,051,376.

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 IV, LINE 2B:

DONOR DESIGNATIONS (OR "AGENCY TRANSACTIONS") CONSIST OF CONTRIBUTIONS THAT ARE DESIGNATED BY THE DONOR TO NONPROFIT ORGANIZATIONS OTHER THAN UWBA. THE DONOR DESIGNATIONS AND ALLOCATIONS PAYABLE IS REPORTED ON FORM 990, PART X, LINE 21.

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

Part XIII Supplemental Information (continued)

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, 2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION 1,039,246.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 2,762,476.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 2,235,541.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

(I) NAME OF FUNDRAISER: HAYES GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 1874 BROOKTREE WAY, PLEASANTON, CA 94566

(II) ACTIVITY: GRANTS SEEKING AND APPLICATION TYPE OF FUNDRAISING

**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

2022

**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
ABODE SERVICES 40849 FREMONT BOULEVARD FREMONT, CA 94538	94-3087060	501(C)(3)	60,867.	0.			DESIGNATED BY DONOR TO AGENCY
ACCESS REPRODUCTIVE JUSTICE P.O. BOX 3609 OAKLAND, CA 94609	51-0163201	501(C)(3)	10,000.	0.			PROGRAM GRANT
ADOPT A FAMILY OF MARIN 35 MITCHELL BLVD, SUITE 16 SAN RAFAEL, CA 94903	68-0239712	501(C)(3)	50,000.	0.			PROGRAM GRANT
AIDS LEGAL REFERRAL PANEL 1663 MISSION STREET, STE 500 SAN FRANCISCO, CA 94103	94-3111738	501(C)(3)	6,960.	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 COMMUNITY FOOD BANK INC - 7900 EDGEWATER DRIVE - OAKLAND, CA 94621	94-2960297	501(C)(3)	5,185.	0.			DESIGNATED BY DONOR TO AGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 192.

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

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

Schedule I (Form 990) 2022

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
ALAMEDA COUNTY SOCIAL SVCS AGENCY 2000 SAN PABLO AVENUE, 4TH FLOOR, S OAKLAND, CA 94612	94-6000501	501(C)(3)	51,000.	0.			PROGRAM GRANT
ALL STARS HELPING KIDS INC 4675 STEVENS CREEK BLVD, #125 SANTA CLARA, CA 95051	77-0325111	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
AMERICAN CANCER SOCIETY, INC PO BOX 6704 HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	7,574.	0.			DESIGNATED BY DONOR TO AGENCY
AMERICAN DIABETES ASSOCIATION NATIONAL HEADQUARTERS - 2451 CRYSTAL DRIVE SUITE 900 - ARLINGTON, VA 22202	13-1623888	501(C)(3)	5,175.	0.			DESIGNATED BY DONOR TO AGENCY
AMERICAN RED CROSS NATIONAL HEADQUARTERS - 431 18TH STREET NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,789.	0.			DESIGNATED BY DONOR TO AGENCY
AMERICA'S BEST LOCAL CHARITIES 100 SMITH RANCH ROAD SUITE 122 SAN RAFAEL, CA 94903	94-3042430	501(C)(3)	22,720.	0.			DESIGNATED BY DONOR TO AGENCY
AMIGOS DE GUADALUPE CENTER FOR JUSTICE & EMPOWERMENT - 1897 ALUM ROCK AVENUE, SUITE 35 - SAN JOSE, CA 95116	77-0555838	501(C)(3)	10,000.	0.			PROGRAM GRANT
ARC OF SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 94103	94-1415287	501(C)(3)	10,250.	0.			DESIGNATED BY DONOR TO AGENCY
ASIAN INC 1167 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94103	94-1753170	501(C)(3)	6,000.	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
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 66 RAYMOND AVENUE - SAN FRANCISCO, CA 94134	94-3357710	501(C)(3)	12,000.	0.			PROGRAM GRANT
AYUDANDO LATINOS A SONAR 636 PURISSIMA ST HALF MOON BAY, CA 94109	46-2464722	501(C)(3)	10,000.	0.			PROGRAM GRANT
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501(C)(3)	6,047.	0.			DESIGNATED BY DONOR TO AGENCY
BAY AREA DISCOVERY MUSEUM 557 MCREYNOLDS ROAD SAUSALITO, CA 94965	68-0033227	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY
BAYVIEW HUNTERS POINT YMCA 1601 LANE STREET SAN FRANCISCO, CA 94124	94-0997140	501(C)(3)	6,000.	0.			PROGRAM GRANT
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(C)(3)	8,000.	0.			PROGRAM GRANT
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA CA 94510 BENICIA, CA 94510	68-0294153	501(C)(3)	7,160.	0.			DESIGNATED BY DONOR TO AGENCY
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2221849	501(C)(3)	11,500.	0.			PROGRAM GRANT
BLACK GIRLS CODE INC P.O.BOX 640926 SAN FRANCISCO, CA 94164	45-4930539	501(C)(3)	20,705.	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
BLACK WOMEN BUILD - BALTIMORE PO BOX 16564 BALTIMORE, MD 21217	82-1982378	501(C)(3)	22,838.	0.			DESIGNATED BY DONOR TO AGENCY
BOYS & GIRLS CLUB SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	94-1156608	501(C)(3)	5,034.	0.			DESIGNATED BY DONOR TO AGENCY
BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY (BOSS) - 1918 UNIVERSITY AVE. #2A - BERKELEY, CA 94704	51-0173390	501(C)(3)	60,000.	0.			PROGRAM GRANT
BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501(C)(3)	11,500.	0.			PROGRAM GRANT
CAMP TAYLOR 8224 W. GRAYSON ROAD MODESTO, CA 95358	04-3709177	501(C)(3)	11,676.	0.			DESIGNATED BY DONOR TO AGENCY
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901	94-2832648	501(C)(3)	55,000.	0.			PROGRAM GRANT
CARONDELET HIGH SCHOOL FOUNDATION 1133 WINTON DR CONCORD, CA 94518	94-3333365	501(C)(3)	5,500.	0.			DESIGNATED BY DONOR TO AGENCY
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD, #200 - SAN JOSE, CA 95134	94-2762269	501(C)(3)	7,701.	0.			DESIGNATED BY DONOR TO AGENCY
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT - TRI-VALLEY CAREER CENTER, 7600 DUBLIN BLVD., 3RD FLOOR - DUBLIN, CA 94568	94-1670563	501(C)(3)	24,500.	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
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT FOUNDATION - SPARKPOINT CHABOT COLLEGE, 25555 HESPERIAN BLVD. - HAYWARD, CA	94-1670563	501(C)(3)	30,000.	0.			PROGRAM GRANT
CHALLENGER ATHLETICS PO BOX 5511 BAY SHORE BAY SHORE, NY 11706	46-2993141	501(C)(3)	7,553.	0.			DESIGNATED BY DONOR TO AGENCY
CHC: CREATING HEALTHIER COMMUNITIES - 1199 N. FAIRFAX ST. STE. 600 - ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	52,894.	0.			DESIGNATED BY DONOR TO AGENCY
CHILDREN NOW 1404 FRANKLIN STREET, SUITE 700 OAKLAND, CA 94612	94-3059243	501(C)(3)	31,001.	0.			DESIGNATED BY DONOR TO AGENCY
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND - 2201 BROADWAY #600 - OAKLAND, CA 94612	94-0382330	501(C)(3)	5,490.	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)	295,000.	0.			PROGRAM GRANT
CHINATOWN COMMUNITY DEVELOPMENT CENTER - 615 GRANT AVENUE - SAN FRANCISCO, CA 94108	94-2514053	501(C)(3)	5,361.	0.			DESIGNATED BY DONOR TO AGENCY
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, #104 SAN FRANCISCO, CA 94108	94-2152893	501(C)(3)	40,000.	0.			PROGRAM GRANT
CHRIST COVENANT ATLANTA GEORGIA 225 OTTLEY DRIVE SUITE 100 ATLANTA, GA 30324	82-3589765	501(C)(3)	6,225.	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
CHRIST THE KING CHURCH OF PLEASANT HILL - 199 BRANDON ROAD - PLEASANT HILL, CA 94523	94-1535363	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
CHURCH OF JESUS CHRIST LDS CORPORATION OF THE PRESIDENT - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	5,782.	0.			DESIGNATED BY DONOR TO AGENCY
CIRCLE OF CARE PROGRAM OF EAST BAY AGENCY FOR CHILDREN - 2828 FORD STREET - OAKLAND, CA 94601	94-1358309	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
CITY COLLEGE OF SAN FRANCISCO 50 FRIDA KAHLO WAY, SMITH HALL ROOM SAN FRANCISCO, CA 94112	94-1682567	501(C)(3)	20,000.	0.			PROGRAM GRANT
CITY TEAM MINISTRIES OF SAN FRANCISCO - 164 6TH STREET - SAN FRANCISCO, CA 94103	94-1501265	501(C)(3)	8,821.	0.			DESIGNATED BY DONOR TO AGENCY
COASTSIDE HOPE 99 AVENUE ALHAMBRA EL GRANADA, CA 94018	51-0199747	501(C)(3)	20,000.	0.			PROGRAM GRANT
COCOKIDS, INC. 1035 DETROIT AVE., SUITE 200 CONCORD, CA 94518	94-2383037	501(C)(3)	20,000.	0.			PROGRAM GRANT
COLLABORATING AGENCIES DISASTER RELIEF EFFORT (CADRE) - 2731 NORTH FIRST STREET - SAN JOSE, CA 95134	83-1035628	501(C)(3)	90,000.	0.			PROGRAM GRANT
COMMUNITY ACTION MARIN 555 NORTHGATE DR., #201 SAN RAFAEL, CA 94903	94-6136365	501(C)(3)	225,000.	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 CHILD CARE COORDINATING CNCL OF ALAMEDA - 22351 CITY CENTER DRIVE, SUITE 100 - HAYWARD, CA 94541	23-7218859	501(C)(3)	16,000.	0.			PROGRAM GRANT
COMMUNITY FOUNDATION FOR EAGLE PEAK - 800 HUTCHINSON ROAD - WALNUT CREEK, CA 94598	87-0743084	501(C)(3)	5,843.	0.			DESIGNATED BY DONOR TO AGENCY
COMMUNITY HOUSING DEVELOPMENT CORPORATION - 1535 A FRED JACKSON WAY - RICHMOND, CA 94801	68-0235719	501(C)(3)	50,000.	0.			PROGRAM GRANT
COMMUNITY LIVING CAMPAIGN 1663 MISSION STREET SUITE 525 SAN FRANCISCO, CA 94103	26-1697250	501(C)(3)	131,671.	0.			PROGRAM GRANT
COMPASS FAMILY SERVICES 37 GROVE STREET SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	87,250.	0.			DESIGNATED BY DONOR TO AGENCY
CONSERVATION CORPS NORTH BAY 11 PIMENTEL CT NOVATO, CA 94949	94-2831592	501(C)(3)	8,075.	0.			DESIGNATED BY DONOR TO AGENCY
CONTRA COSTA CRISIS CENTER P.O. BOX 3364 WALNUT CREEK, CA 94598	94-1747227	501(C)(3)	125,000.	0.			PROGRAM GRANT
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501(C)(3)	50,000.	0.			PROGRAM GRANT
DISTRICT COUNCIL OF CC COUNTY SOCIETY OF ST. VINCENT DE PAUL - 2210 GLADSTONE DRIVE - PITTSBURG, CA 94565	94-1448577	501(C)(3)	50,000.	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
DIXON FAMILY SERVICES 155 NORTH SECOND STREET DIXON, CA 95620	68-0041829	501(C)(3)	50,000.	0.			PROGRAM GRANT
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	7,256.	0.			DESIGNATED BY DONOR TO AGENCY
EARTHSHARE CALIFORNIA PO BOX 883301 LOS ANGELES, CA 90088-3301	94-2840364	501(C)(3)	9,682.	0.			DESIGNATED BY DONOR TO AGENCY
EAST BAY ALLIANCE FOR A SUSTAINABLE ECONOMY - 360 14TH STREET, 4TH FLOOR - OAKLAND, CA 94612	94-3314108	501(C)(3)	25,000.	0.			PROGRAM GRANT
EAST BAY ASIAN LOCAL DEVELOPMENT CORP - 1825 SAN PABLO AVE., SUITE 200 - OAKLAND, CA 94612	51-0171851	501(C)(3)	355,000.	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 94544	94-2339050	501(C)(3)	130,000.	0.			PROGRAM GRANT
EDGEWOOD CENTER FOR CHILDREN & FAMILIES - 1801 VICENTE STREET - SAN FRANCISCO, CA 94116	94-1186168	501(C)(3)	88,913.	0.			DESIGNATED BY DONOR TO AGENCY
ENTERPRISE COMMUNITY PARTNERS, INC 101 MONTGOMERY ST. SUITE 1350 SAN FRANCISCO, CA 94104	52-1231931	501(C)(3)	70,000.	0.			PROGRAM GRANT

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EQUALITY NOW INC 125 MAIDEN LN FL 9 STE B NEW YORK, NY 10038	13-3660566	501(C)(3)	39,750.	0.			DESIGNATED BY DONOR TO AGENCY
FAMILY HOUSE- SAN FRANCISCO AVENUE, SUITE 400 NORTH SAN FRANCISCO, CA 94158	94-2722663	501(C)(3)	87,475.	0.			DESIGNATED BY DONOR TO AGENCY
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501(C)(3)	34,646.	0.			DESIGNATED BY DONOR TO AGENCY
FREMONT FAMILY RESOURCE CENTER 39155 LIBERTY STREET, SUITE A110 FREMONT, CA 94537	94-3333831	501(C)(3)	115,000.	0.			PROGRAM GRANT
FRESH LIFELINES FOR YOUTH/FLY 568 VALLEY WAY MILIPITAS, CA 95035	52-2234595	501(C)(3)	8,199.	0.			DESIGNATED BY DONOR TO AGENCY
GIRLS ON THE RUN INTERNATIONAL PO BOX 30667 PMB 65493 CHARLOTTE, NC 28230	56-2201835	501(C)(3)	9,750.	0.			DESIGNATED BY DONOR TO AGENCY
GLAUCOMA RESEARCH FOUNDATION 251 POST STREET #600 SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	6,466.	0.			DESIGNATED BY DONOR TO AGENCY
GLOBAL IMPACT 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	11,470.	0.			DESIGNATED BY DONOR TO AGENCY
GOLDEN STATE OPPORTUNITY FOUNDATION - 345 CALIFORNIA STREET, #600 - SAN FRANCISCO, CA 94104	47-4325738	501(C)(3)	321,000.	0.			PROGRAM GRANT

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HABITAT FOR HUMANITY EAST BAY SILICON VALLEY, INC. - 2619 BROADWAY - OAKLAND, CA 94612	94-3053687	501(C)(3)	40,000.	0.			PROGRAM GRANT
HAMILTON COLLEGE-ATC SCHOLARSHIP FUND - 198 COLLEGE HILL ROAD - CLINTON, NY 13323	15-0532200	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY
HAMILTON FAMILIES 2567 MISSION STREET SAN FRANCISCO, CA 94110	94-3055602	501(C)(3)	87,250.	0.			DESIGNATED BY DONOR TO AGENCY
HARVARD-CLASS OF 1992 HARVARD BUSINESS SCHOOL - SOLDIERS FIELD - BOSTON, MA 02163	04-2103580	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
HAYWARD AREA RECREATION AND PARK DISTRICT (HARD) - 1099 E STREET - HAYWARD, CA 94541	94-6000728	501(C)(3)	9,000.	0.			PROGRAM GRANT
HOLY SPIRIT SCHOOL-FAIRFIELD SOLDIERS FIELD FAIRFIELD, CA 94533	45-3859941	501(C)(3)	12,116.	0.			DESIGNATED BY DONOR TO AGENCY
HOMEWARD BOUND OF MARIN 1399 N. HAMILTON PKWY NOVATO, CA 94949	68-0011405	501(C)(3)	100,000.	0.			PROGRAM GRANT
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

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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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HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILIPITAS, CA 95035	94-1196215	501(C)(3)	9,456.	0.			DESIGNATED BY DONOR TO AGENCY
IMMIGRANT LEGAL RESOURCE CENTER 1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	501(C)(3)	11,330.	0.			DESIGNATED BY DONOR TO AGENCY
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501(C)(3)	210,000.	0.			PROGRAM GRANT
JF KAPNEK CHARITABLE TRUST 936 DEWING AVENUE, SUITE E3 LAFAYETTE, CA 94549	23-7165692	501(C)(3)	65,000.	0.			DESIGNATED BY DONOR TO AGENCY
KIPP BAY AREA PUBLIC SCHOOLS 1000 BROADWAY, SUITE 460 OAKLAND, CA 94607	20-5010766	501(C)(3)	8,538.	0.			DESIGNATED BY DONOR TO AGENCY
LAFAYETTE PARTNERS IN EDUCATION 3450-A GOLDEN GATE WAY LAFAYETTE, CA 94549	94-2699518	501(C)(3)	5,869.	0.			DESIGNATED BY DONOR TO AGENCY
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 2325 EAST 12TH STREET - OAKLAND, CA 94601	94-3115164	501(C)(3)	100,000.	0.			PROGRAM GRANT
LAW CENTER TO PREVENT GUN VIOLENCE 268 BUSH STREET #555 SAN FRANCISCO, CA 94104	46-4638549	501(C)(3)	8,500.	0.			DESIGNATED BY DONOR TO AGENCY
LEGAL AID AT WORK 180 MONTGOMERY STREET, SUITE 600 SAN FRANCISCO, CA 94104	94-2783401	501(C)(3)	20,000.	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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LIFEMOVES 181 CONSTITUTION DRIVE MENLO PARK, CA 94025	77-0160469	501(C)(3)	70,000.	0.			PROGRAM GRANT
LYMPHOMA RESEARCH FDN 88 PINE STREET, SUITE 2400 NEW YORK, NY 10005	95-4335088	501(C)(3)	7,393.	0.			DESIGNATED BY DONOR TO AGENCY
MAVEN PROJECT PO BOX 156781 SAN FRANCISCO, CA 94115	46-5370676	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY
MAYA EDUCATIONAL FOUNDATION PO BOX 1483 WELLFLEET, MA 02667	03-0335159	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY
MICHAEL J. FOX FOUNDATION PO BOX 5014 HAGERSTOWN, MD 21741	13-4141945	501(C)(3)	8,679.	0.			DESIGNATED BY DONOR TO AGENCY
MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	6,499.	0.			DESIGNATED BY DONOR TO AGENCY
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501(C)(3)	28,000.	0.			PROGRAM GRANT
MONUMENT IMPACT 1760 CLAYTON ROAD CONCORD, CA 94520	94-3370919	501(C)(3)	50,000.	0.			PROGRAM GRANT
MULTIPLYING GOOD 15 WEST 38TH STREET SUITE 1210 NEW YORK, NY 10018	52-0959336	501(C)(3)	49,750.	0.			DESIGNATED BY DONOR TO AGENCY

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NAMI CONTRA COSTA 2151 SALVIO STREET, SUITE V CONCORD, CA 94520	68-0209474	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, #200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	5,404.	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	94-2891498	501(C)(3)	22,500.	0.			PROGRAM GRANT
OAKLAND COMMUNITY LAND TRUST 101 BROADWAY, SUITE 310 OAKLAND, CA 94607	32-0285788	501(C)(3)	70,000.	0.			PROGRAM GRANT
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 94607	45-3138892	501(C)(3)	20,000.	0.			DESIGNATED BY DONOR TO AGENCY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	160,000.	0.			PROGRAM GRANT
ONE TREASURE ISLAND 1 AVENUE OF THE PALMS, ROOM 166 SAN FRANCISCO, CA 94130	94-3280624	501(C)(3)	20,000.	0.			PROGRAM GRANT
ONEJUSTICE 433 CALIFORNIA STREET, SUITE 815 SAN FRANCISCO, CA 94104	94-2589423	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY

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PACIFICA RESOURCE CENTER 1809 PALMETTO AVENUE PACIFICA, CA 94044	81-1496989	501(C)(3)	10,000.	0.			PROGRAM GRANT
PHILLIPS EXETER ANNUAL GIVING CAMPAIGN - 20 MAIN ST. - EXETER, NH 03833	02-0222174	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY
PIEDMONT EDUCATIONAL FOUNDATION* 401 HIGHLAND AVENUE PIEDMONT, CA 94611	94-6426176	501(C)(3)	7,500.	0.			DESIGNATED BY DONOR TO AGENCY
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	5,750.	0.			DESIGNATED BY DONOR TO AGENCY
PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	10,000.	0.			PROGRAM GRANT
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	10,000.	0.			PROGRAM GRANT
PUBLIC ADVOCATES* 131 STEUART STREET, SUITE 300 SAN FRANCISCO, CA 94105	23-7103042	501(C)(3)	6,290.	0.			DESIGNATED BY DONOR TO AGENCY
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	15,000.	0.			PROGRAM GRANT
PUNKHIRE 2166 CLEARVIEW CIRCLE BENICIA, CA 94510	46-1240825	501(C)(3)	5,527.	0.			DESIGNATED BY DONOR TO AGENCY

Schedule I (Form 990)

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RENAISSANCE ENTREPRENEURSHIP CENTER - 275 5TH STREET - SAN FRANCISCO, CA 94103	94-2793122	501(C)(3)	11,000.	0.			PROGRAM GRANT
RICHMOND COMMUNITY FOUNDATION 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	94-3337754	501(C)(3)	748,000.	0.			PROGRAM GRANT
RICHMOND NEIGHBORHOOD HOUSING SERVICES - 3220 BLUME DRIVE, STE 198 - RICHMOND, CA 94806	94-2791683	501(C)(3)	20,000.	0.			PROGRAM GRANT
RODRIGUEZ ATHLETIC BOOSTERS 5000 RED TOP ROAD FAIRFIELD, CA 94534	68-0486564	501(C)(3)	8,019.	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)	177,000.	0.			PROGRAM GRANT
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501(C)(3)	8,413.	0.			DESIGNATED BY DONOR TO AGENCY
SAMARITAN HOUSE 4031 PACIFIC BLVD., 3RD FLOOR SAN MATEO, CA 94403	23-7416272	501(C)(3)	10,000.	0.			PROGRAM GRANT
SAN ANTONIO COMMUNITY DEVELOPMENT CORP - 2228 EAST 15TH STREET - OAKLAND, CA 94606	94-2675448	501(C)(3)	85,000.	0.			PROGRAM GRANT

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SAN FRANCISCO COMMUNITY AGENCIES RESPONDING TO DISASTER - 1270 SANCHEZ STREET - SAN FRANCISCO, CA 94114	45-3600883	501(C)(3)	40,000.	0.			PROGRAM GRANT
SAN FRANCISCO COMMUNITY EMPOWERMENT CTR. - 2875 SAN BRUNO AVENUE - SAN FRANCISCO, CA 94134	20-4121042	501(C)(3)	8,500.	0.			PROGRAM GRANT
SAN JOSE CONSERVATION CORPS 1560 BERGER DRIVE SAN JOSE, CA 95112	77-0155997	501(C)(3)	30,000.	0.			PROGRAM GRANT
SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT - 40 SOUTH MARKET STREET - SAN JOSE, CA 95113	77-0100756	501(C)(3)	185,000.	0.			PROGRAM GRANT
SAN MATEO COUNTY CCD - CANADA COLLEGE - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	35,000.	0.			PROGRAM GRANT
SAN MATEO COUNTY CCD - COLLEGE OF SAN MATEO - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	60,000.	0.			PROGRAM GRANT
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	82,500.	0.			PROGRAM GRANT
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	28,772.	0.			DESIGNATED BY DONOR TO AGENCY
SFCASA 2535 MISSION STREET SAN FRANCISCO, CA 94110	94-3039028	501(C)(3)	6,000.	0.			PROGRAM GRANT

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SFCLOUT 1188 FRANKLIN STREET, SUITE 203 SAN FRANCISCO, CA 94109	94-2687066	501(C)(3)	10,000.	0.			PROGRAM GRANT
SHELTER, INC. P.O. BOX 5368 CONCORD, CA 94524	68-0117241	501(C)(3)	50,000.	0.			PROGRAM GRANT
SHRINERS HOSPITAL FOR CHILDREN NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	36-2193608	501(C)(3)	6,722.	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
SILICON VALLEY CREATES 4 NORTH 2ND STREET, STE 500 SAN JOSE, CA 95113	94-2825213	501(C)(3)	9,267.	0.			DESIGNATED BY DONOR TO AGENCY
SISTER TO SISTER 2, INC. 2363A SAN PABLO AVENUE OAKLAND, CA 94612	27-1885809	501(C)(3)	62,500.	0.			PROGRAM GRANT
SOMOS MAYFAIR INC 1695 ALUM ROCK AVE., SUITE 10 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)	6,829.	0.			DESIGNATED BY DONOR TO AGENCY
SPECIAL OLYMPICS OF NORTHERN CALIFORNIA - 3480 BUSKIRK AVE 340A - PLEASANT HILL, CA 94523	68-0363121	501(C)(3)	5,560.	0.			DESIGNATED BY DONOR TO AGENCY

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ST DOMINIC SCHOOL 475 EAST I STREET BENICIA, CA 94510	94-1464733	501(C)(3)	5,728.	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 PERPETUA SCHOOL 3445 HAMLIN RD LAFAYETTE, CA 94549	94-1535363	501(C)(3)	7,088.	0.			DESIGNATED BY DONOR TO AGENCY
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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	23,614.	0.			DESIGNATED BY DONOR TO AGENCY
STANFORD UNIVERSITY 326 GALVEZ STREET, GIFT PROCESSING STANFORD, CA 94305	94-1156365	501(C)(3)	25,028.	0.			DESIGNATED BY DONOR TO AGENCY
SUMMER SEARCH 304 12TH STREET, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	17,682.	0.			DESIGNATED BY DONOR TO AGENCY
SUNNYVALE COMMUNITY SERVICES 1160 KERN AVE SUNNYVALE, CA 94085-3907	94-1713897	501(C)(3)	76,000.	0.			PROGRAM GRANT
SWARTHMORE COLLEGE 500 COLLEGE AVE SWARTHMORE, PA 19081	23-1352683	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY

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SYRACUSE UNIVERSITY 640 SKYTOP ROAD, 2ND FLOOR SYRACUSE, NY 13244-5040	15-0532081	501(C)(3)	28,400.	0.			DESIGNATED BY DONOR TO AGENCY
TAX-AID 235 MONTGOMERY STREET, SUITE 1155 SAN FRANCISCO, CA 94104	94-3062518	501(C)(3)	10,000.	0.			PROGRAM GRANT
THE BASIC FUND 1301 CLAY STREET, UNIT 70450 OAKLAND, CA 94612	94-3290699	501(C)(3)	10,000.	0.			DESIGNATED BY DONOR TO AGENCY
THE FATHERS HOUSE 126 PEABODY ROAD VACAVILLE, CA 95687	68-0408159	501(C)(3)	19,915.	0.			DESIGNATED BY DONOR TO AGENCY
THE FORGOTTEN INTERNATIONAL PO BOX 192066 SAN FRANCISCO, CA 94119	26-1484826	501(C)(3)	49,750.	0.			DESIGNATED BY DONOR TO AGENCY
THE JED FOUNDATION PO BOX 412945 BOSTON, MA 02241	13-4131139	501(C)(3)	19,750.	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
THE UNITY COUNCIL OF ALAMEDA COUNTY INC - 1900 FRUITVALE AVE, SUITE 2A - OAKLAND, CA 94601	94-1670490	501(C)(3)	53,487.	0.			PROGRAM GRANT
THE WOMEN'S BUILDING-SF WOMENS CENTER INC. - 3543 - 18TH STREET, STE 8 - SAN FRANCISCO, CA 94110	94-1730620	501(C)(3)	20,000.	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
TRANSGENDER LAW CENTER P.O. BOX 741803 LOS ANGELES, CA 90074-1803	05-0544006	501(C)(3)	10,000.	0.			PROGRAM GRANT
TRAVIS CREDIT UNION P.O. BOX 1086 VACAVILLE, CA 95687	82-4159040	501(C)(3)	15,000.	0.			PROGRAM GRANT
TREVOR PROJECT P.O. BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	22,070.	0.			DESIGNATED BY DONOR TO AGENCY
UNCOMMON LAW 318 HARRISON ST STE 103 OAKLAND, CA 94607	46-1538094	501(C)(3)	39,807.	0.			DESIGNATED BY DONOR TO AGENCY
UNION CITY FAMILY CENTER CORPORATION - 34200 ALVARADO-NILES ROAD - VACAVILLE, CA 94587	84-2730337	501(C)(3)	25,000.	0.			PROGRAM GRANT
UNITED PLAYAZ 1038 HOWARD STREET SAN FRANCISCO, CA 94103	20-5005815	501(C)(3)	5,038.	0.			DESIGNATED BY DONOR TO AGENCY
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	6,273.	0.			DESIGNATED BY DONOR TO AGENCY
UNITED WAY MONTEREY COUNTY 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	94-1322169	501(C)(3)	25,000.	0.			PROGRAM GRANT
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015	95-2274801	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.)

(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
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	9,241.	0.			DESIGNATED BY DONOR TO AGENCY
UNITED WAY OF MONMOUTH AND OCEAN 4814 OUTLOOK DR STE 107 WALL TOWNSHIP, NJ 07753	22-1828435	501(C)(3)	5,700.	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)	25,000.	0.			PROGRAM GRANT
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646	501(C)(3)	6,556.	0.			DESIGNATED BY DONOR TO AGENCY
UNITED WAY WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646	501(C)(3)	227,211.	0.			PROGRAM GRANT
UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVE, #12 SOUTH PASADENA, CA 91030-3311	94-1646369	501(C)(3)	50,000.	0.			PROGRAM GRANT
UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - SAINT HELENA, CA 94574	80-0023012	501(C)(3)	60,000.	0.			PROGRAM GRANT
URBAN HABITAT PROGRAM 2000 FRANKLIN STREET OAKLAND, CA 94612	20-0275424	501(C)(3)	55,000.	0.			PROGRAM GRANT
US NAVAL ACADEMY FOUNDATION 247 KING GEORGE STREET ANNAPOLIS, MD 21402	23-7003516	501(C)(3)	5,943.	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
USA CYCLING FOUNDATION 210 USA CYCLING POINT STE 100 COLORADO SPRINGS, CO 80919	84-1529751	501(C)(3)	42,750.	0.			DESIGNATED BY DONOR TO AGENCY
VMC FOUNDATION 2400 CLOVE DRIVE SAN JOSE, CA 95128	77-0187890	501(C)(3)	43,324.	0.			DESIGNATED BY DONOR TO AGENCY
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTNO, CA 95014	94-2211685	501(C)(3)	130,000.	0.			PROGRAM GRANT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, STE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	14,077.	0.			DESIGNATED BY DONOR TO AGENCY
YMCA OF SAN FRANCISCO 50 CALIFORNIA STREET, SUITE 650 SAN FRANCISCO, CA 94111	94-0997140	501(C)(3)	9,760.	0.			DESIGNATED BY DONOR TO AGENCY
COMMUNITY SERVICES AGENCY OF MOUNTAIN VIEW - 204 STIERLIN ROAD - MOUNTAIN VIEW, CA 94043	94-1422465	501(C)(3)	76,000.	0.			PROGRAM GRANT

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

2022

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) 2022

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)	328,635.	45,000.	890.	17,734.	31,963.	424,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BERINI, CHRISTOPHER CHIEF ADVANCEMENT OFFICER	(i)	235,750.	31,050.	2,777.	12,943.	11,784.	294,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BENAVIDEZ, ROBERT CHIEF FINANCIAL OFFICER (THRU 12/22)	(i)	225,500.	15,180.	18,511.	13,221.	1,743.	274,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RAMOS, JOSE VICE PRESIDENT, MARKETING	(i)	189,625.	0.	890.	10,192.	39,366.	240,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BATSON, KELLY A. CHIEF COMMUNITY IMPACT OFFICER	(i)	199,875.	10,725.	590.	10,652.	11,975.	233,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARTIN, CAROLINA VICE PRESIDENT, DEVELOPMENT	(i)	188,131.	0.	890.	10,141.	30,861.	230,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ESCOBAR, LAURA VICE PRESIDENT, SAFETY NET SERVICES	(i)	153,750.	0.	890.	9,372.	31,555.	195,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) YASUHARA LI, ENA SENIOR VP, IMPACT STRATEGIES	(i)	172,500.	0.	890.	8,571.	1,552.	183,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HARDEN, NICOLE VICE PRESIDENT, ECONOMIC SUCCESS	(i)	147,454.	0.	2,061.	7,440.	16,172.	173,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE ORGANIZATION PAID NON-FIXED BONUSES TO CERTAIN EXECUTIVES BASED ON GOAL
ACHIEVEMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I 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	12	1,277,264.	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 3 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) 2022

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

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROSPERITY.

FORM 990, PART I, LINE 6

VOLUNTEERS

VOLUNTEER NUMBER INCLUDES VOLUNTEERS WHO PROVIDE DIRECT SERVICE TO

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

FUNDRAISERS AND CAMPAIGN COORDINATORS, ADVOCACY AND PUBLIC POLICY

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

PROGRAMS, AS WELL AS VOLUNTEER MATCHING REFERRALS THAT MATCH AND

MOBILIZE VOLUNTEERS STRATEGICALLY TO MEET IDENTIFIED COMMUNITY NEEDS.

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

EFFECTIVE ANTI-POVERTY PROGRAM IN THE COUNTRY. UWBA HAVE ALSO BEEN ABLE

TO KEEP NEARLY ALL UWBA SITES OPEN, ENGAGING APPROXIMATELY 1,380

VOLUNTEERS.

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

SUPPORT ACCESS TO PUBLIC BENEFITS AND FINANCIAL COACHING SERVICES.

SPARKPOINT PROVIDED SERVICES TO APPROXIMATELY 22,000 INDIVIDUALS

THROUGHOUT THE SAN FRANCISCO BAY AREA REGION THROUGH 12 SPARKPOINT

CENTERS AND 24 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 2,800

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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THEIR FINANCIAL GOALS, AMONG WHOM 65% WERE ABLE TO MAKE PROGRESS TOWARD THEIR FINANCIAL GOALS AFTER ENROLLING IN SPARKPOINT AND APPROXIMATELY 1,143 OBTAINED JOB PLACEMENTS.

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

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 THE FEDERAL EMERGENCY MANAGEMENT AGENCY ("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 FUNDING, EFSP ALLOCATED APPROXIMATELY \$11,190,000 TO AGENCIES IN EIGHT COUNTIES. APPROXIMATELY 645,000 UNDUPLICATED INDIVIDUALS WERE SERVED BY ONE OF THE 125 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.

EAN IS A COLLABORATION WITH SEVEN LOCAL SANTA CLARA COUNTY PARTNER AGENCIES THAT OFFERS ASSISTANCE TO FAMILIES AND INDIVIDUALS EXPERIENCING EMERGENCY SITUATIONS. THIS COLLABORATIVE PROVIDES FOOD ASSISTANCE, RENT AND MORTGAGE AID, UTILITY ASSISTANCE, MEDICAL AND TRANSPORTATION AID, OFTEN ALONGSIDE CASE MANAGEMENT AND FINANCIAL EDUCATION. UWBA PROVIDED THE EAN AGENCIES A TOTAL OF \$600,000 IN GRANTS TO SUPPORT THAT WORK. THIS YEAR THE EAN SERVED APPROXIMATELY 84,500

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

INDIVIDUALS AT FOOD PANTRIES AND DISTRIBUTED \$275,000 IN DIRECT ASSISTANCE. EAN AGENCIES ASSISTED APPROXIMATELY 3,200 HOUSEHOLDS (APPROXIMATELY 8,470 INDIVIDUALS) IN THE COMMUNITY SPECIFICALLY WITH HOUSING AND UTILITY ASSISTANCE.

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. UWBA'S THREE LABOR COMMUNITY SERVICES STAFF SERVED APPROXIMATELY 1,240 HOUSEHOLDS APPROXIMATELY 2,220 INDIVIDUALS) WITH DIRECT FINANCIAL ASSISTANCE FOR HARDSHIPS OR PROVIDED NAVIGATION SERVICES AND CONNECTION TO OTHER LOCAL SOCIAL SERVICES AGENCIES.

THROUGH YOUTH OPPORTUNITY PATHWAYS, UWBA IS PROVIDING CAREER EXPLORATION AND READINESS OPPORTUNITIES FOR YOUTH AGED 14-24. THIS YEAR, UWBA CONTINUED TO PARTNER ACROSS THE REGION. THE PARTNERS TO PROVIDE YOUTH WITH MENTORSHIP, JOB READINESS ACTIVITIES, AND COLLEGE ACCESS SUPPORT. WE ENGAGED WITH 5 COMMUNITY PARTNERS, SERVING OVER 1,200 YOUTH. WE HOSTED OUR FIRST COLLEGE ESSAY REVIEW EVENT WHICH SUPPORTED 35 YOUTH IN THEIR COLLEGE APPLICATION JOURNEY. ADDITIONALLY, OUR SIGNATURE EVENT, ON TRACK, WAS HOSTED AT SAN FRANCISCO STATE UNIVERSITY, OUR FIRST TIME AT A FOUR-YEAR UNIVERSITY, BASED ON THE FEEDBACK OF OUR COMMUNITY PARTNERS.

DURING THE FIRST HALF OF FISCAL YEAR 2023, UWBA CONTINUED SUPPORT OF OUR HOUSING JUSTICE GRANTEES. WE ALSO LAUNCHED OUR COMMUNITY AMBASSADOR

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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GRANTMAKING EFFORTS, TRAINING AND SUPPORTING UWBA AMBASSADORS TO REVIEW APPLICATIONS AND AWARDS. THE AMBASSADORS LED A PROCESS TO GRANT \$250,000 TO 10 GRANTEES. A SECOND ROUND OF GRANTS AT THE END OF THE YEAR PROVIDED CONTINUED SUPPORT TO MOST OF THE ORIGINAL GRANTEES. IN APRIL, UWBA HIRED A NEW DIRECTOR, HOUSING JUSTICE INITIATIVE. DURING FISCAL YEAR 2023, UWBA DRAFTED A REGION-WIDE PUBLIC WILL-BUILDING CAMPAIGN THAT WE WILL BEGIN IMPLEMENTING IN FISCAL YEAR 2024.

UWBA RECOGNIZES THAT IN ORDER TO ACHIEVE UWBA'S GOAL OF ENDING POVERTY IN THE COMMUNITY, WE MUST ADVANCE PUBLIC POLICIES THAT SUPPORT UWBA'S MISSION. UWBA'S PUBLIC POLICY TEAM 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. TWO KEY ACCOMPLISHMENTS INCLUDE: 1) OUR WORK TO ENSURE BI-PARTISAN LEGISLATION FOR 211 FUNDING ON THE STATE AND FEDERAL LEVELS PROGRESSES THROUGH RESPECTIVE LEGISLATURES AND 2) UWBA WORKED WITH PARTNERS TO EDUCATE COMMUNITIES AND ELECTED OFFICIALS REGARDING LOCAL TENANT PROTECTIONS ORDINANCES.

EXPENSES \$ 11,472,811. INCL GRANTS OF \$ 4,972,667. REVENUE \$ 175,554.

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:

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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THE CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEWS A FINAL DRAFT OF FORM 990. THE RETURN IS DISTRIBUTED TO AND REVIEWED BY THE THE AUDIT COMMITTEE PRIOR TO DISTRIBUTING 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 BENEFICIAL INTEREST IN, OR BEING SUBSTANTIALLY OBLIGATED TO (OR A SIMILAR RELATIONSHIP FOR ANY FAMILY MEMBER OR CLOSE RELATIVE), ANY OF UWBA'S SUPPLIERS OF GOODS OR SERVICES OR ANY OTHER ORGANIZATION DOING BUSINESS WITH UWBA UNLESS SUCH FACT HAS BEEN PROPERLY DISCLOSED TO UWBA'S CEO AND TO UWBA'S BOARD, AND SUCH RELATIONSHIP HAS BEEN SPECIFICALLY APPROVED BY THE BOARD ON THE BASIS OF A FULL DISCLOSURE OF THE FACTS.

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

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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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	123,780.
MANAGEMENT AND GENERAL EXPENSES	37,991.
FUNDRAISING EXPENSES	332,281.
TOTAL EXPENSES	494,052.

CONSULTING:

PROGRAM SERVICE EXPENSES	1,891,911.
MANAGEMENT AND GENERAL EXPENSES	197,838.
FUNDRAISING EXPENSES	387,062.
TOTAL EXPENSES	2,476,811.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,970,863.

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

CHANGE IN PENSION LIABILITY IN EXCESS OF INTANGIBLE PENSION

ASSETS	1,039,246.
DONOR DESIGNATED PLEDGES	-526,935.
TOTAL TO FORM 990, PART XI, LINE 9	512,311.

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, 510	
	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		

BRIAN KATAOKA

- The books are in the care of ▶ **550 KEARNY ST, #510 - SAN FRANCISCO, CA 94108**

Telephone No. ▶ **415-808-4300** 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, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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.