

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)

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing fields B through M: B Check if applicable, 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 \$ (19,760,433), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.UWBA.ORG), K Form of organization, 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 block section with fields for Sign Here (Signature of officer: KEISHA BROWDER, CEO), Paid (Preparer's name: QI WEN LIANG), and Preparer Use Only (Firm's name: BAKER TILLY ADVISORY GROUP, LP).

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 \$ 3,037,948. including grants of \$ 1,222,481.) (Revenue \$ 0.) FREE TAX HELP (FORMERLY KNOWN AS EARN IT! KEEP IT! SAVE IT!): UWBA FREE TAX HELP PROGRAM PROVIDES HIGH-QUALITY FREE TAX PREPARATION IN OUR EIGHT COUNTIES. UWBA WORKS CLOSELY WITH INTERNAL REVENUE SERVICE (IRS) AND LOCAL VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITES. UWBA TYPICALLY HAS MORE THAN 100 TAX SITES MANAGED BY OUR COALITION LOCALLY. IN FISCAL YEAR 2025, MANY UWBA SITES WERE ABLE TO OPERATE WITH AN IN-PERSON COMPONENT AND SOME CONTINUED WITH A VIRTUAL OPTION THROUGH UWBA PARTNERSHIP WITH GETYOURREFUND.ORG. THIS YEAR, THE FREE TAX HELP COALITION PREPARED 36,169 HOUSEHOLDS' RETURNS AND HELPED THEM CLAIM OVER \$52 MILLION IN REFUNDS. UWBA AIMS TO SERVE A SIMILAR OR HIGHER NUMBER FOR THE NEXT TAX SEASON. UWBA ASSISTS EARNED INCOME TAX CREDIT (EITC)-ELIGIBLE FAMILIES IN CLAIMING LIFECHANGING TAX CREDITS BECAUSE

4b (Code:) (Expenses \$ 4,356,062. including grants of \$ 2,933,764.) (Revenue \$ 0.) SPARKPOINT: SPARKPOINT CENTERS WORK WITH FAMILIES TO MEET BASIC NEEDS, INCREASE INCOME, BUILD CREDIT, INCREASE SAVINGS, AND REDUCE DEBT THROUGH OFFERING BASIC NEEDS, CAREER, 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 DEVELOP REALISTIC ACTION PLANS TO MOVE PEOPLE TOWARD FINANCIAL PROSPERITY. SPARKPOINT CENTERS ALSO PROVIDE BASIC NEEDS SUPPORT, INCLUDING CONNECTING CLIENTS TO HOUSING AND FOOD RESOURCES AND BENEFITS SCREENING AND ADVOCACY.

4c (Code:) (Expenses \$ 1,571,204. including grants of \$ 113,189.) (Revenue \$ 18,200.) 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 2025, 211 ANSWERED 51,709 CALLS AND TEXTS PROVIDING BAY AREA RESIDENTS WITH INFORMATION AND A TOTAL OF 128,629 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,621,731. including grants of \$ 2,404,921.) (Revenue \$ 48,715.)

4e Total program service expenses 15,586,945.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] 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) BERINI, CHRISTOPHER CHIEF ADVANCEMENT OFFICER	37.50				X		281,610.	0.	40,901.	
(2) BATSON, KELLY - INTERIM CEO (THRU 10/24), CCIO (AS OF 10/24)	37.50			X			289,373.	0.	31,015.	
(3) KATAOKA, BRIAN CHIEF FINANCIAL OFFICER	37.50			X			240,933.	0.	25,152.	
(4) ESCOBAR, LAURA VICE PRESIDENT, SAFETY NET SERVICES	37.50				X		172,755.	0.	47,870.	
(5) CHEUNG, WINNIE VICE PRESIDENT, TRANSFORMATION	37.50				X		174,511.	0.	21,731.	
(6) HARDEN, NICOLE VICE PRESIDENT, ECONOMIC SUCCESS	37.50				X		161,134.	0.	33,892.	
(7) BRISSENDEN-SMITH, SARA ELIZABETH CHIEF CULTURE OFFICER (AS OF 01/25)	37.50				X		159,925.	0.	22,243.	
(8) CHAN, JACQUELINE - VICE PRESIDENT, EVALUATION AND LEARNING	37.50				X		149,224.	0.	11,549.	
(9) BROWDER, KEISHA - CHIEF EXECUTIVE OFFICER (AS OF 10/24)	37.50			X			66,561.	0.	8,949.	
(10) MCCARTHY, GIOIA BOARD CHAIR	2.00	X		X			0.	0.	0.	
(11) JOHNSON, KEVIN SECRETARY	2.00	X		X			0.	0.	0.	
(12) MANZO, PETE TREASURER, CHAIR FINANCE COMMITTEE	2.00	X		X			0.	0.	0.	
(13) CHEN, ALICE - BOARD VICE CHAIR, CHAIR ADVANCEMENT COMMITTEE	2.00	X		X			0.	0.	0.	
(14) ALAFIA, JOY DIRECTOR, CHAIR GOVERNANCE COMMITTEE	2.00	X					0.	0.	0.	
(15) BASOCO-VILLARREAL, ANISSA DIRECTOR	2.00	X					0.	0.	0.	
(16) BOLARIA-SHIFRIN, RUBY DIRECTOR	2.00	X					0.	0.	0.	
(17) BRANCH, MICHELLE - DIRECTOR, CHAIR PUBLIC POLICY COMMITTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) GONZALEZ, RUDY DIRECTOR	2.00	X						0.	0.	0.
(19) KRIVKOVICH, ALEXIS DIRECTOR	2.00	X						0.	0.	0.
(20) STREET, ERIC DIRECTOR, CHAIR AUDIT COMMITTEE	2.00	X						0.	0.	0.
1b Subtotal								1,696,026.	0.	243,302.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,696,026.	0.	243,302.

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 20

	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>	3	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>	4	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>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTELLIGENT TECHNICAL SOLUTIONS, 2880 W MEADE AVE, STE 350, LAS VEGAS, NV 89102	NETWORK MANAGEMENT	292,580.
A2Z MEDIA GROUP, LLC, 1350 ARNOLD DR, STE #201, MARTINEZ, CA 94553	MEDIA ADVERTISING	279,165.
COMMUNITY COUNSELLING SERVICE CO., LLC 527 MADISON AVE, 5TH FL, NEW YORK, NY 10022	COMMUNITY CAMPAIGN CONSULTING	220,096.
MOSS ADAMS, LLP P.O. BOX 101822, PASADENA, CA 91189-1822	TAX & AUDIT SERVICES	124,975.
HUTCHESON CREATIVE, LLC DBA GOODLY 117 MONTGOMERY ST, ROSEVILLE, CA 95678	VIDEO PRODUCTIONS	104,000.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,300,470.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,504,882.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 392,431.			
	h	Total. Add lines 1a-1f		12,805,352.			
Program Service Revenue	2 a	PLEDGE PROCESSING FEES	Business Code	900099	48,715.	48,715.	
	b	CONSULTING FEE INCOME	Business Code	900099	18,200.	18,200.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		66,915.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		525,596.		525,596.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					6,338,330.		
	b	Less: cost or other basis and sales expenses	7b	5,865,413.			
c	Gain or (loss)	7c	472,917.				
d	Net gain or (loss)		472,917.		472,917.		
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	INSURANCE REIMBURSEMENT	Business Code	900099	24,240.	24,240.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		24,240.			
12	Total revenue. See instructions		13,895,020.	66,915.	0.	1022753.	

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 ...	6,674,355.	6,674,355.		
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	1,187,256.	382,427.	517,037.	287,792.
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	6,203,894.	4,327,819.	820,557.	1,055,518.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	340,740.	235,580.	55,051.	50,109.
9 Other employee benefits	1,023,960.	616,699.	288,238.	119,023.
10 Payroll taxes	520,770.	336,423.	89,610.	94,737.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,445.		11,445.	
c Accounting	197,685.		197,685.	
d Lobbying	1,712.	1,712.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	85,154.		85,154.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,524,803.	1,627,738.	109,324.	787,741.
12 Advertising and promotion	297,846.	188,455.		109,391.
13 Office expenses	429,791.	239,441.	39,143.	151,207.
14 Information technology	494,475.	210,919.	87,957.	195,599.
15 Royalties				
16 Occupancy	381,326.	161,838.	88,992.	130,496.
17 Travel	176,189.	118,005.	11,117.	47,067.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	179,967.	139,980.	5,177.	34,810.
20 Interest	86,201.	35,601.	20,516.	30,084.
21 Payments to affiliates	182,983.	75,572.	43,550.	63,861.
22 Depreciation, depletion, and amortization	92,441.	38,178.	22,001.	32,262.
23 Insurance	67,317.		67,317.	
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 MEMBERSHIP DUES	119,985.	108,512.	3,261.	8,212.
b PLEDGE PROCESSING	102,828.	42,468.	24,473.	35,887.
c RECRUITMENT	44,835.	18,517.	10,671.	15,647.
d _____				
e All other expenses _____	14,579.	6,706.	584.	7,289.
25 Total functional expenses. Add lines 1 through 24e	21,442,537.	15,586,945.	2,598,860.	3,256,732.
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	324,432.	1	1,688,518.
	2 Savings and temporary cash investments	220,675.	2	1,054,187.
	3 Pledges and grants receivable, net	10,084,146.	3	5,420,754.
	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	11,397.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,087,859.		
	b Less: accumulated depreciation	10b 1,910,060.	239,764.	10c 177,799.
	11 Investments - publicly traded securities	17,410,826.	11	12,879,943.
	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	3,319,303.	15	2,965,345.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,610,543.	16	24,186,546.	
Liabilities	17 Accounts payable and accrued expenses	1,784,928.	17	1,610,494.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	983,590.	21	1,051,973.
	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	3,330.	23	0.
	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	2,455,083.	25	2,162,934.
	26 Total liabilities. Add lines 17 through 25	5,226,931.	26	4,825,401.
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	12,542,374.	27	7,933,856.
	28 Net assets with donor restrictions	13,841,238.	28	11,427,289.
	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	26,383,612.	32	19,361,145.
	33 Total liabilities and net assets/fund balances	31,610,543.	33	24,186,546.

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	13,895,020.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,442,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,547,517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,383,612.
5	Net unrealized gains (losses) on investments	5	525,050.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,361,145.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40856628.	19294964.	20125539.	19000136.	12805352.	112082619
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	40856628.	19294964.	20125539.	19000136.	12805352.	112082619
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)						18830369.
6 Public support. Subtract line 5 from line 4.						93252250.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	40856628.	19294964.	20125539.	19000136.	12805352.	112082619
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	739,399.	975,411.	873,782.	410,753.	525,596.	3524941.
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.)					24,240.	24,240.
11 Total support. Add lines 7 through 10						115631800
12 Gross receipts from related activities, etc. (see instructions)					12	701,643.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	80.65 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	82.66 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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
1	<hr/> <hr/> <hr/>	\$ <u>1,466,007.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>954,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>569,207.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>474,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>416,199.</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	<hr/> <hr/> <hr/>	\$ <u>363,589.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>353,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>343,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>330,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>310,124.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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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
13	<hr/> <hr/> <hr/>	\$ <u>283,159.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	
(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	
(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	
(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	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 94-1312348
---	---

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,712.													
c Total lobbying expenditures (add lines 1a and 1b)	1,712.													
d Other exempt purpose expenditures	21,440,825.													
e Total exempt purpose expenditures (add lines 1c and 1d)	21,442,537.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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		26,038.	2,342.	1,712.	30,092.
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					

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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

Table with 2 columns: Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE BAY AREA

Employer identification number

94-1312348

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	0
2 Aggregate value of contributions to (during year)	0.	0.
3 Aggregate value of grants from (during year)	79,750.	0.
4 Aggregate value at end of year	703,771.	0.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	6,320,306.	5,911,571.	6,280,532.	6,524,436.	5,060,888.
b Contributions					
c Net investment earnings, gains, and losses	660,611.	641,963.	514,990.	85,177.	1,731,554.
d Grants or scholarships					
e Other expenditures for facilities and programs	240,664.	233,228.	883,951.	329,081.	241,941.
f Administrative expenses					26,065.
g End of year balance	6,740,253.	6,320,306.	5,911,571.	6,280,532.	6,524,436.

- 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 58.0000 %
- c** Term endowment 42.0000 %
- 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? | | |
- 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		158,130.	127,409.	30,721.
d Equipment		220,684.	220,684.	0.
e Other		1,709,045.	1,561,967.	147,078.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				177,799.

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, line 12, col. (B))		

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, line 13, col. (B))		

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) ROU ASSET	1,937,325.
(2) OTHER RECEIVABLES	1,028,020.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,965,345.

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	2,134,246.
(3) SPLIT INTEREST AGREEMENTS	15,227.
(4) DEFERRED EXPENSES	13,461.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,162,934.

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	14,339,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	525,050.	
b	Donated services and use of facilities	2b	1,014,356.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,539,406.	
3	Subtract line 2e from line 1	3	12,799,994.	
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	85,154.	
b	Other (Describe in Part XIII.)	4b	1,009,872.	
c	Add lines 4a and 4b	4c	1,095,026.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,895,020.	

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

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

1	Total expenses and losses per audited financial statements		1	21,361,867.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,014,356.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,014,356.	
3	Subtract line 2e from line 1	3	20,347,511.	
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	85,154.	
b	Other (Describe in Part XIII.)	4b	1,009,872.	
c	Add lines 4a and 4b	4c	1,095,026.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,442,537.	

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 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, 2025 AND 2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 1,009,872.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 1,009,872.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
RICHMOND COMMUNITY FOUNDATION 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	94-3337754	501(C)(3)	745,000.	0.			PROGRAM GRANT
EAST BAY ASIAN LOCAL DEVELOPMENT CORP - 1825 SAN PABLO AVE., SUITE 200 - OAKLAND, CA 94612	51-0171851	501(C)(3)	362,895.	0.			PROGRAM GRANT
CHILDREN'S NETWORK OF SOLANO COUNTY - 827 MISSOURI STREET, SUITE 5 - FARIFIELD, CA 94533	68-0014506	501(C)(3)	295,000.	0.			PROGRAM GRANT
COMMUNITY ACTION MARIN 555 NORTHGATE DR., #201 SAN RAFAEL, CA 94903	94-6136365	501(C)(3)	196,000.	0.			PROGRAM GRANT
SAN FRANCISCO LABOR COUNCIL, AFL-CIO - 1188 FRANKLIN ST., STE 203 - SAN FRANCISCO, CA 94109	94-0835955	501(C)(3)	180,000.	0.			PROGRAM GRANT
UNITED WAY WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUITE SANTA ROSA, CA 95407	94-1669646	501(C)(3)	152,500.	0.			PROGRAM GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **130.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LIVING CAMPAIGN 1663 MISSION STREET SUITE 525 SAN FRANCISCO, CA 94103	26-1697250	501(C)(3)	138,286.	0.			PROGRAM GRANT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	137,963.	0.			PROGRAM GRANT
FREMONT FAMILY RESOURCE CENTER CORPORATION - 39155 LIBERTY STREET, SUITE A110 - FREMONT, CA 94537	94-3333831	501(C)(3)	130,000.	0.			PROGRAM GRANT
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD., SUITE I CAMARILLO, CA 93012-5121	95-2944459	501(C)(3)	109,082.	0.			PROGRAM GRANT
AMERICAN FEDERATION OF LABOR 1710 S. AMPHLETT BLVD, STE 306 SAN MATEO, CA 94402	94-0376370	501(C)(3)	100,000.	0.			PROGRAM GRANT
CONTRA COSTA AFL-CIO CENTRAL LABOR COUNCIL - P.O. BOX 389 - MARTINEZ, CA 94553	94-0402674	501(C)(3)	100,000.	0.			PROGRAM GRANT
SAN ANTONIO COMMUNITY DEVELOPMENT CORP - 2228 EAST 15TH STREET - OAKLAND, CA 94606	94-2675448	501(C)(3)	92,811.	0.			PROGRAM GRANT
CHINATOWN COMMUNITY DEVELOPMENT CENTER INC - 615 GRANT AVE - SAN FRANCISCO, CA 94108	94-2514053	501(C)(3)	91,897.	0.			PROGRAM GRANT
CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT - TRI-VALLEY CAREER CENTER 7600 DUBLIN BLVD., 3RD FLOOR -	94-1670563	501(C)(3)	90,000.	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
THE SALVATION ARMY - KROC CENTER 242 TURK ST. SAN FRANCISCO, CA 94102	94-1156347	501(C)(3)	85,905.	0.			PROGRAM GRANT
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	80,000.	0.			PROGRAM GRANT
SAN MATEO COUNTY CCD - COLLEGE OF SAN MATEO - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	62,000.	0.			PROGRAM GRANT
THE UNITY COUNCIL OF ALAMEDA COUNTY INC - 1900 FRUITVALE AVE, SUITE 2A - OAKLAND, CA 94601	94-1670490	501(C)(3)	62,000.	0.			PROGRAM GRANT
SAN JOSE CONSERVATION CORPS 1560 BERGER DRIVE SAN JOSE, CA 95112	77-0155997	501(C)(3)	60,027.	0.			PROGRAM GRANT
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	58,496.	0.			PROGRAM GRANT
LAO FAMILY COMMUNITY DEVELOPMENT INC. - 2325 EAST 12TH STREET - OAKLAND, CA 94601	94-3115164	501(C)(3)	55,000.	0.			PROGRAM GRANT
IMAN NETWORK INC. 2060 COOLIDGE DR. SANTA CLARA, CA 95051	85-0911768	501(C)(3)	54,992.	0.			PROGRAM GRANT
RISING SUN CENTER FOR OPPORTUNITY 1116 36TH STREET OAKLAND, CA 94608	77-0359133	501(C)(3)	54,070.	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
UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - SAINT HELENA, CA 94574	80-0023012	501(C)(3)	50,000.	0.			PROGRAM GRANT
TENDERLOIN LOWERPOLK MERCHANTS ASSOCIATION INC. - 625 LARKIN STREET, APT 402 - SAN FRANCISCO, CA 94109	86-2256508	501(C)(3)	47,815.	0.			PROGRAM GRANT
URBAN HABITAT PROGRAM 2000 FRANKLIN STREET OAKLAND, CA 94612	20-0275424	501(C)(3)	47,500.	0.			PROGRAM GRANT
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER ROAD #200 - SAN JOSE, CA 95134	94-2762269	501(C)(3)	46,800.	0.			PROGRAM GRANT
CENTER FOR NEW MUSIC SAN FRANCISCO INC. - 55 TAYLOR ST. - SAN FRANCISCO, CA 94102	46-1228251	501(C)(3)	44,432.	0.			PROGRAM GRANT
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685	501(C)(3)	42,000.	0.			PROGRAM GRANT
509 CULTURAL CENTER 1007 MARKET STREET SAN FRANCISCO, CA 94103	94-3095774	501(C)(3)	41,497.	0.			PROGRAM GRANT
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON STREET, #104 SAN FRANCISCO, CA 94108	94-2152893	501(C)(3)	40,000.	0.			PROGRAM GRANT
COMMUNITY AGENCY FOR RESOURCES, ADVOCACY AND SERVICES (CARAS - 381-B FIRST STREET - GILROY, CA 95020	45-2834101	501(C)(3)	36,800.	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
SAN MATEO COUNTY CCD - CANADA COLLEGE - 3401 CSM DRIVE - SAN MATEO, CA 94402	94-3084147	501(C)(3)	35,000.	0.			PROGRAM GRANT
TIDES CENTER 1012 TOMEY AVE. SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	35,000.	0.			PROGRAM GRANT
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901	94-2832648	501(C)(3)	30,000.	0.			PROGRAM GRANT
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501(C)(3)	30,000.	0.			PROGRAM GRANT
ADOPT A FAMILY OF MARIN 35 MITCHELL BLVD, SUITE 16 SAN RAFAEL, CA 94903	68-0239712	501(C)(3)	29,000.	0.			PROGRAM GRANT
SHELTER, INC. P.O. BOX 5368 CONCORD, CA 94524	68-0117241	501(C)(3)	29,000.	0.			PROGRAM GRANT
SISTER TO SISTER 2, INC. 2363A SAN PABLO AVENUE OAKLAND, CA 94612	27-1885809	501(C)(3)	29,000.	0.			PROGRAM GRANT
MISSION ECONOMIC DEVELOPMENT AGENCY - 2301 MISSION STREET, SUITE 301 - SAN FRANCISCO, CA 94110	51-0187791	501(C)(3)	28,000.	0.			PROGRAM GRANT
BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY (BOSS) - 1918 UNIVERSITY AVE. #2A - BERKELEY, CA 94704	51-0173390	501(C)(3)	27,000.	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
FOOD BANK OF CONTRA COSTA & SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501(C)(3)	26,073.	0.			PROGRAM GRANT
COMMUNITY HOUSING DEVELOPMENT CORPORATION - 1535 A FRED JACKSON WAY - RICHMOND, CA 94801	68-0235719	501(C)(3)	25,000.	0.			PROGRAM GRANT
NEW HAVEN UNIFIED SCHOOL DISTRICT 34200 ALVARADO-NILES ROAD UNION CITY, CA 94587	94-1717886	501(C)(3)	25,000.	0.			PROGRAM GRANT
USA CYCLING FOUNDATION 210 USA CYCLING POINT STE 100 COLORADO SPRINGS, CO 80919	84-1529751	501(C)(3)	25,000.	0.			PROGRAM GRANT
EDGEWOOD CENTER FOR CHILDREN & FAMILIES - 1801 VICENTE STREET - SAN FRANCISCO, CA 94116	94-1186168	501(C)(3)	24,940.	0.			PROGRAM GRANT
COMPASS FAMILY SERVICES 37 GROVE STREET SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	24,750.	0.			PROGRAM GRANT
FAMILY HOUSE- SAN FRANCISCO 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158	94-2722663	501(C)(3)	24,750.	0.			PROGRAM GRANT
HAMILTON FAMILIES 2567 MISSION STREET SAN FRANCISCO, CA 94110	94-3055602	501(C)(3)	24,750.	0.			PROGRAM GRANT
THE FATHERS HOUSE 126 PEABODY ROAD VACAVILLE, CA 95687	68-0408159	501(C)(3)	23,093.	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.)

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DIXON FAMILY SERVICES 155 NORTH SECOND STREET DIXON, CA 95620	68-0041829	501(C)(3)	23,000.	0.			PROGRAM GRANT
EAST BAY HOUSING ORGANIZATIONS 538 - 9TH STREET, STE 200 OAKLAND, CA 94607	94-3232405	501(C)(3)	22,500.	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
RICHMOND NEIGHBORHOOD HOUSING SERVICES - 3220 BLUME DRIVE, STE 198 - RICHMOND, CA 94806	94-2791683	501(C)(3)	22,500.	0.			PROGRAM GRANT
PACIFICA RESOURCE CENTER P.O. BOX 1397 PACIFICA, CA 94044	81-1496989	501(C)(3)	22,000.	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)	22,000.	0.			PROGRAM GRANT
CITY COLLEGE OF SAN FRANCISCO 50 FRIDA KAHLO WAY, SMITH HALL ROOM 118 - SAN FRANCISCO, CA 94112		GOVERNMENT	20,000.	0.			PROGRAM GRANT
CITY OF OAKLAND 150 FRANK H. OGAWA PLAZA, SUITE 434 OAKLAND, CA 94612	94-6000384	501(C)(3)	20,000.	0.			PROGRAM GRANT
NON-PROFIT HOUSING ASSOCIATION OF NORTHERN CALIFORNIA - 369 PINE STREET, SUITE 350 - SAN FRANCISCO, CA 94104	94-2741597	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.)

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ONE TREASURE ISLAND 1 AVENUE OF THE PALMS, ROOM 166 SAN FRANCISCO, CA 94130	94-3280624	501(C)(3)	20,000.	0.			PROGRAM GRANT
SOMOS MAYFAIR INC 1695 ALUM ROCK AVE., SUITE 10 SAN JOSE, CA 95116	77-0499813	501(C)(3)	20,000.	0.			PROGRAM GRANT
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
TRAVIS CREDIT UNION FOUNDATION P.O. BOX 1086 VACAVILLE, CA 95687	82-4159040	501(C)(3)	16,000.	0.			PROGRAM GRANT
FILIPINO COMMUNITY DEVELOPMENT CORPORATION - 953 MISSION STREET, SUITE 20 - SAN FRANCISCO, CA 94103	81-2601416	501(C)(3)	15,471.	0.			PROGRAM GRANT
ALAMEDA FOOD BANK PO BOX 2167 ALAMEDA, CA 94501	94-2878910	501(C)(3)	15,437.	0.			PROGRAM GRANT
BAY AREA COMMUNITY LAND TRUST PO BOX 2652 BERKELEY, CA 94702	20-5420298	501(C)(3)	15,000.	0.			PROGRAM GRANT
COCOKIDS, INC. 1035 DETROIT AVE., SUITE 200 CONCORD, CA 94518	94-2383037	501(C)(3)	15,000.	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)	15,000.	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.)

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HOMELESS PRENATAL PROGRAM 2500 18TH STREET SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	15,000.	0.			PROGRAM GRANT
HOPE SOLUTIONS 399 TAYLOR BLVD. SUITE 115 PLEASANT HILL, CA 94553	91-1797391	501(C)(3)	15,000.	0.			PROGRAM GRANT
MAGNOLIA WOMEN'S RECOVERY PROGRAMS INC - 17 EMBARCADERO COVE - OAKLAND, CA 94606	81-0603045	501(C)(3)	15,000.	0.			PROGRAM GRANT
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	15,000.	0.			PROGRAM GRANT
RODRIGUEZ ATHLETIC BOOSTERS 5000 RED TOP ROAD FAIRFIELD, CA 94534	68-0486564	501(C)(3)	14,576.	0.			PROGRAM GRANT
SAN FRANCISCO CITY HALL IFTAR COALITION INC. - 201 TURK STREET #212 - SAN FRANCISCO, CA 94102	84-4949751	501(C)(3)	14,565.	0.			PROGRAM GRANT
A PLACE-2-LIVE INC. 301 GEORGIA ST., STE 221 VALLEJO, CA 94590	61-1461711	501(C)(3)	14,000.	0.			PROGRAM GRANT
AGAPE COUNSELING CENTER AND NETWORK - P.O. BOX 2433 - FAIRFIELD, CA 94533	47-2541023	501(C)(3)	14,000.	0.			PROGRAM GRANT
THE BASIC FUND 1301 CLAY STREET, UNIT 70450 OAKLAND, CA 94612	94-3290699	501(C)(3)	13,000.	0.			PROGRAM GRANT

Schedule I (Form 990)

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ST PERPETUA SCHOOL 3445 HAMLIN RD LAFAYETTE, CA 94549	94-1535363	501(C)(3)	12,923.	0.			PROGRAM GRANT
BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON BLVD LOS ANGELES, CA 90015	26-1254255	501(C)(3)	12,500.	0.			PROGRAM GRANT
HABITAT FOR HUMANITY EAST BAY SILICON VALLEY, INC. - 2619 BROADWAY - OAKLAND, CA 94612	94-3053687	501(C)(3)	12,000.	0.			PROGRAM GRANT
ST. MARY'S CENTER 925 BROCKHURST STREET OAKLAND, CA 94608	68-0172229	501(C)(3)	12,000.	0.			PROGRAM GRANT
CHRIST COVENANT ATLANTA GEORGIA 221 ARMOR DR NE ATLANTA, CA 30324		501(C)(3)	11,925.	0.			PROGRAM GRANT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, STE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	11,020.	0.			PROGRAM GRANT
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(C)(3)	11,000.	0.			PROGRAM GRANT
RENAISSANCE ENTREPRENEURSHIP CENTER - 275 5TH STREET - SAN FRANCISCO, CA 94103	94-2793122	501(C)(3)	11,000.	0.			PROGRAM GRANT
PIEDMONT EDUCATIONAL FOUNDATION 401 HIGHLAND AVENUE PIEDMONT, CA 94611	94-6426176	501(C)(3)	10,750.	0.			PROGRAM GRANT

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COMPASS FAMILY SERVICES 37 GROVE STREET SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	10,500.	0.			PROGRAM GRANT
ASIAN PACIFIC AMERICAN COMMUNITY CENTER - 66 RAYMOND AVENUE - SAN FRANCISCO, CA 94134	94-3357710	501(C)(3)	10,000.	0.			PROGRAM GRANT
COASTSIDE HOPE 99 AVENUE ALHAMBRA EL GRANADA, CA 94018	51-0199747	501(C)(3)	10,000.	0.			PROGRAM GRANT
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	94-1358309	501(C)(3)	10,000.	0.			PROGRAM GRANT
EDEN I AND R INC 570 B STREET HAYWARD, CA 94544	94-2339050	501(C)(3)	10,000.	0.			PROGRAM GRANT
FRESH LIFELINES FOR YOUTH, INC. 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	10,000.	0.			PROGRAM GRANT
LAFAYETTE-ORINDA PRESBYTERIAN CHURCH - 49 KNOX DRIVE - LAFAYETTE, CA 94549	94-1275252	501(C)(3)	10,000.	0.			PROGRAM GRANT
MILES HALL FOUNDATION INC 35 SANDRA COURT WALNUT CREEK, CA 94595	84-3451430	501(C)(3)	10,000.	0.			PROGRAM GRANT
PARS EQUALITY CENTER 1635 THE ALAMEDA SAN JOSE, CA 95126	27-2969900	501(C)(3)	10,000.	0.			PROGRAM GRANT

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SAN JOSE CITY COLLEGE 40 S. MARKET ST. SAN JOSE, CA 95113	77-0100756	501(C)(3)	10,000.	0.			PROGRAM GRANT
ST STEPHENS EPISCOPAL CHURCH-ORINDA - 66 ST STEPHENS DRIVE - ORINDA, CA 94563	94-1399270	501(C)(3)	10,000.	0.			PROGRAM GRANT
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501(C)(3)	9,858.	0.			PROGRAM GRANT
CAMP TAYLOR 8224 W. GRAYSON ROAD MODESTO, CA 95358	04-3709177	501(C)(3)	8,742.	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
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	8,161.	0.			PROGRAM GRANT
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND - 2201 BROADWAY #600 - OAKLAND, CA 94612	94-0382330	501(C)(3)	8,135.	0.			PROGRAM GRANT
THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE - 1600 HOLLOWAY AVENUE, ADM 361 - SAN FRANCISCO, CA 94132	94-1384645	501(C)(3)	8,000.	0.			PROGRAM GRANT
LAFAYETTE PARTNERS IN EDUCATION 3450-A GOLDEN GATE WAY LAFAYETTE, CA 94549	94-2699518	501(C)(3)	7,867.	0.			PROGRAM GRANT

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BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2221849	501(C)(3)	7,500.	0.			PROGRAM GRANT
CONTRA COSTA CRISIS CENTER P.O. BOX 3364 WALNUT CREEK, CA 94598	94-1747227	501(C)(3)	7,500.	0.			PROGRAM GRANT
HOUSING LEADERSHIP COUNCIL OF SAN MATEO COUNTY - 2905 S EL CAMINO REAL - SAN MATEO, CA 94403	94-3395945	501(C)(3)	7,500.	0.			PROGRAM GRANT
HUMAN INVESTMENT PROJECT, INC. AKA HIP HOUSING - 800 S. CLAREMONT STREET, #210 - SAN MATEO, CA 94402	94-2154614	501(C)(3)	7,500.	0.			PROGRAM GRANT
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	93-1137247	501(C)(3)	7,500.	0.			PROGRAM GRANT
TAX-AID 235 MONTGOMERY STREET, SUITE 1155 SAN FRANCISCO, CA 94104	94-3062518	501(C)(3)	7,500.	0.			PROGRAM GRANT
ALZHEIMERS FOUNDATION OF AMERICA 322 EIGHTH AVENUE, 7TH FLOOR NEW YORK, NY 10001	91-1792864	501(C)(3)	7,386.	0.			PROGRAM GRANT
HOLY TRINITY HIGH SCHOOL-CHICAGO 1443 WEST DIVISION STREET CHICAGO, IL 60642	36-2431052	501(C)(3)	7,125.	0.			PROGRAM GRANT
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW ST SIMSBURY, CT 06070	06-0646960	501(C)(3)	7,125.	0.			PROGRAM GRANT

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BAYVIEW HUNTERS POINT YMCA 1601 LANE STREET SAN FRANCISCO, CA 94124	94-0997140	501(C)(3)	7,000.	0.			PROGRAM GRANT
HAYWARD AREA RECREATION AND PARK DISTRICT (HARD) - 1099 E STREET - HAYWARD, CA 94541	94-6000728	501(C)(3)	7,000.	0.			PROGRAM GRANT
RUBICON PROGRAMS, INC 2500 BISSELL AVENUE RICHMOND, CA 94804	94-2301550	501(C)(3)	7,000.	0.			PROGRAM GRANT
SAMARITAN HOUSE 4031 PACIFIC BLVD., 3RD FLOOR SAN MATEO, CA 94403	23-7416272	501(C)(3)	7,000.	0.			PROGRAM GRANT
CHURCH OF JESUS CHRIST LDS CORPORATION OF THE PRESIDENT - 50 E NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	6,865.	0.			PROGRAM GRANT
UNITED WAY OF GREATER UNION COUNTY 219 CENTRAL AVE RAHWAY, NJ 07065	22-1904427	501(C)(3)	6,617.	0.			PROGRAM GRANT
10,000 DEGREES 1401 LOS GAMOS DR SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	6,555.	0.			PROGRAM GRANT
SOCIETY OF ST. VINCENT DE PAUL ALAMEDA COUNTY - 2272 SAN PABLO AVENUE - OAKLAND, CA 94612	94-1156493	501(C)(3)	6,443.	0.			PROGRAM GRANT
RICHMOND COMMUNITY FOUNDATION 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	94-3337754	501(C)(3)	6,175.	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
AMERICAN CANCER SOCIETY, INC. CALIFORNIA DIVISION - 1001 MARINA VILLAGE PARKWAY, SUITE 300 - ALAMEDA, CA 94501	13-1788491	501(C)(3)	5,782.	0.			PROGRAM GRANT
SPCA OF SOLANO COUNTY 2200 PEABODY ROAD VACAVILLE, CA 95687	94-2607843	501(C)(3)	5,768.	0.			PROGRAM GRANT
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	5,750.	0.			PROGRAM GRANT
SUMMER SEARCH 304 12TH STREET, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	5,742.	0.			PROGRAM GRANT
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(C)(3)	5,499.	0.			PROGRAM GRANT
ALTERNATIVE COOPERATIVE EDUCATION PROGRAM AT HEMLOCK - 400 HEMLOCK STREET - VACAVILLE, CA 95688	68-0405810	501(C)(3)	5,293.	0.			PROGRAM GRANT
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS - 50 EAST NORTH TEMPLE, ROOM 1521 - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	5,050.	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:

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

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 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		

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

Schedule J (Form 990) (Rev. 12-2024)

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) BERINI, CHRISTOPHER CHIEF ADVANCEMENT OFFICER	(i)	245,417.	36,193.	0.	16,906.	23,995.	322,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BATSON, KELLY - INTERIM CEO (THRU 10/24), CCIO (AS OF 10/24)	(i)	289,373.	0.	0.	16,453.	14,562.	320,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATAOKA, BRIAN CHIEF FINANCIAL OFFICER	(i)	220,473.	20,460.	0.	11,913.	13,239.	266,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ESCOBAR, LAURA VICE PRESIDENT, SAFETY NET SERVICES	(i)	166,755.	6,000.	0.	13,216.	34,654.	220,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHEUNG, WINNIE VICE PRESIDENT, TRANSFORMATION	(i)	174,511.	0.	0.	8,668.	13,063.	196,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HARDEN, NICOLE VICE PRESIDENT, ECONOMIC SUCCESS	(i)	155,134.	6,000.	0.	9,388.	24,504.	195,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRISSENDEN-SMITH, SARA ELIZABETH CHIEF CULTURE OFFICER (AS OF 01/25)	(i)	159,925.	0.	0.	8,383.	13,860.	182,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHAN, JACQUELINE - VICE PRESIDENT, EVALUATION AND LEARNING	(i)	149,224.	0.	0.	7,225.	4,324.	160,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	392,431.	MARKET VALUE AT DONA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported on 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?

	Yes	No
30a		X
31	X	
32a		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?

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2024

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).

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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. THROUGH INITIATIVES AND POLICY CHANGE, WE PROVIDE IMMEDIATE AND LONG-TERM SUPPORT FOR EMPLOYMENT, HOUSING, FINANCIAL STABILITY, AND MEETING BASIC NEEDS.

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:

THE EITC AND THE CHILD TAX CREDIT (CTC) ARE CRITICAL POVERTY-FIGHTING TOOLS. THE CREDITS ARE WELL RESEARCHED AND PROVEN TO BE THE MOST EFFECTIVE ANTI-POVERTY PROGRAM IN THE COUNTRY. UWBA HAS ALSO BEEN ABLE TO KEEP NEARLY ALL UWBA SITES OPEN, ENGAGING 1,375 VOLUNTEERS.

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

OF SERVICES TO MEET CLIENTS BOTH VIRTUALLY AND IN-PERSON TO BETTER SUPPORT ACCESS TO PUBLIC BENEFITS AND FINANCIAL COACHING SERVICES. IN FISCAL YEAR 2025, SPARKPOINT PROVIDED SERVICES TO 15,616 INDIVIDUALS THROUGHOUT THE SAN FRANCISCO BAY AREA REGION THROUGH 12 SPARKPOINT CENTERS AND OVER 20 SERVICE LOCATIONS. MOST COMMUNITY MEMBERS SOUGHT OUT SPARKPOINT TO ACCESS SUPPORTIVE SERVICES RELATED TO FINANCIAL SERVICES AND GETTING HELP MEETING THEIR BASIC NEEDS. A TOTAL OF 2,521 PARTICIPATED IN FREE ONE-ON-ONE FINANCIAL COACHING SERVICES TO REACH THEIR FINANCIAL GOALS, AMONG WHOM 68% WERE ABLE TO MAKE PROGRESS TOWARD THEIR FINANCIAL GOALS AFTER ENROLLING IN SPARKPOINT, AND 1,156 ENROLLED IN PUBLIC BENEFITS.

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

EMERGENCY FOOD & SHELTER PROGRAM (EFSP): EFSP IS CRITICAL TO UWBA'S POVERTY-FIGHTING AGENDA. THIS YEAR, EFSP ENTERED ITS 41ST 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 \$2,705,115 TO AGENCIES IN EIGHT COUNTIES. A TOTAL OF 267,686 UNDUPLICATED INDIVIDUALS WERE SERVED BY ONE OF THE 116 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'S EXPERTISE AND RELATIONSHIPS ARE LEVERAGED TO SUPPORT OUR LOCAL FOOD AND SHELTER PROGRAMS.

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

EMERGENCY ASSISTANCE NETWORK (EAN): 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 IS ACTING AS THE BACKBONE CONVENER OF THE EAN TO PROVIDE CONVENING AND STAFF SUPPORT TO THE NETWORK. THIS YEAR THE EAN SERVED 90,091 INDIVIDUALS AT FOOD PANTRIES AND DISTRIBUTED OVER \$15 MILLION IN DIRECT ASSISTANCE AS A NETWORK. EAN AGENCIES ASSISTED 37,898 HOUSEHOLDS IN THE COMMUNITY, SPECIFICALLY WITH HOUSING AND UTILITY ASSISTANCE.

LABOR COMMUNITY SERVICES: THE LABOR COMMUNITY SERVICES PROGRAM IS A COMPREHENSIVE RESOURCE FOR WORKING FAMILIES. UWBA PROVIDES GRANT FUNDING TO THREE CENTRAL LABOR COUNCILS THAT PROVIDE INFORMATION AND REFERRAL, DIRECT HARDSHIP ASSISTANCE, HIGH-IMPACT WORKFORCE PROGRAMS, COMMUNITY ORGANIZING, IMMIGRATION LEGAL SERVICES, AND CIVIC ENGAGEMENT OPPORTUNITIES. THE THREE LABOR COMMUNITY SERVICES COUNCILS SERVED 37,507 HOUSEHOLDS (61,082 INDIVIDUALS) WITH DIRECT FINANCIAL ASSISTANCE FOR HARDSHIPS OR PROVIDED NAVIGATION SERVICES AND CONNECTION TO OTHER LOCAL SOCIAL SERVICES AGENCIES.

YOUTH OPPORTUNITY PATHWAYS: YOUTH OPPORTUNITY PATHWAYS, A UWBA PROGRAM PROVIDES CAREER EXPLORATION AND READINESS OPPORTUNITIES FOR YOUNG PEOPLE AGED 14-28. THIS YEAR, UWBA CONTINUED TO PARTNER ACROSS THE REGION. THROUGH PARTNERSHIPS, WE PROVIDE YOUTH WITH MENTORSHIP, JOB READINESS ACTIVITIES, AND COLLEGE ACCESS SUPPORT. WE ENGAGED WITH 6 COMMUNITY PARTNERS, SERVING 4,116 YOUTH. THESE YOUTH RECEIVED MENTORSHIP SERVICES, AND 1,476 ENROLLED IN FURTHER SKILLS TRAINING OR PARTICIPATED IN CAREER EXPLORATION EVENTS. 246 YOUTH PARTICIPATED IN INTERNSHIPS OR OTHER WORK-BASED LEARNING ACTIVITIES. WE HOSTED OUR ANNUAL COLLEGE ESSAY REVIEW EVENT WHICH SUPPORTED 16 YOUTH IN THEIR COLLEGE APPLICATION JOURNEY. ADDITIONALLY, OUR SIGNATURE EVENT, ON TRACK, WAS HOSTED AT THE OAKLAND MUSEUM AND HAD 20 CORPORATE PARTNERS VOLUNTEER TO TABLE AND MENTOR YOUNG PEOPLE.

HOUSING JUSTICE: UWBA CONTINUED OUR HOUSING JUSTICE WORK THROUGH PROJECTS IN GILROY AND SOLANO COUNTY. THERE WAS \$347,200 IN UWBA GRANTMAKING SERVED 8,471 INDIVIDUALS IN OVER 5,417 HOUSEHOLDS. WE CONTINUED OUR COMMUNITY AMBASSADOR GRANTMAKING EFFORTS, TRAINING AND SUPPORTING UWBA AMBASSADORS TO REVIEW APPLICATIONS AND AWARDS. THE AMBASSADORS LED A PROCESS TO GRANT \$216,000 TO 20 GRANTEEES. UWBA CONTINUED A REGION-WIDE PUBLIC WILL-BUILDING CAMPAIGN, "LEARN, UNDERSTAND, ACT," TO ENGAGE AND ENCOURAGE PEOPLE TO ADVOCATE FOR LOCAL AND REGIONAL POLICY CHANGES THAT WILL INCREASE AFFORDABLE HOUSING IN THE BAY AREA.

PUBLIC POLICY: UWBA RECOGNIZES THAT 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. IN FISCAL YEAR 2025, UWBA LED 6 POLICY CAMPAIGNS AT THE REGIONAL AND LOCAL LEVELS FOCUSED ON INCREASING THE AVAILABILITY OF AFFORDABLE HOUSING AND EXPANDING TENANT PROTECTIONS FOR RENTERS. WE ALSO ENDORSED 100 POLICIES AND HELD 25 MEETINGS WITH ELECTED OFFICIALS TO ADVOCATE AND BUILD AWARENESS FOR PUBLIC POLICIES. IN PARTNERSHIP WITH UNITED WAYS OF CALIFORNIA (UWCA),

Name of the organization	Employer identification number
UNITED WAY OF THE BAY AREA	94-1312348
UWBA SERVED AS THE REGIONAL ADVOCACY COORDINATOR TO MOBILIZE UWBA, UNITED WAY WINE COUNTRY, UNITED WAY SANTA CRUZ, AND UNITED WAY MONTEREY TO MEET WITH STATE ELECTED OFFICIALS AND ADVOCATE FOR LIVING WAGES, HOUSING JUSTICE, TAX CREDITS, AND THE 211 HELPLINE. EXPENSES \$ 6,621,731. INCLUDING GRANTS OF \$ 2,404,921. REVENUE \$ 48,715.	

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:

FOLLOWING THE COMPLETION OF ALL DATA REQUESTS, UWBA'S INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE TAX FILINGS AND ARRANGES TO MEET WITH THE UWBA FINANCE TEAM TO DISCUSS ANY POTENTIAL AMENDMENTS. BASED ON THESE DISCUSSIONS, A FINAL DRAFT OF FORM 990 IS PREPARED AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND THE CONTROLLER. THE TAX RETURN IS THEN PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND SUBSEQUENTLY DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS FOR INFORMATIONAL REVIEW PRIOR TO FILING.

UPON COMPLETION OF THESE REVIEWS, THE INDEPENDENT ACCOUNTING FIRM ISSUES BOTH A COMPLETE FILING VERSION OF THE FORM 990 AND A SEPARATE PUBLIC DISCLOSURE VERSION. BOTH VERSIONS ARE SIGNED BY THE CHIEF EXECUTIVE OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE SAME REVIEW AND APPROVAL PROCESS APPLIES TO UWBA'S RELATED CALIFORNIA FILINGS, INCLUDING FORM 199 AND THE RRF 1, WHICH ARE ALSO EXECUTED BY THE CHIEF EXECUTIVE OFFICER AND SUBMITTED FOLLOWING BOARD REVIEW.

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

UNITED WAY OF THE BAY AREA (UWBA) IS COMMITTED TO MAINTAINING THE HIGHEST STANDARDS OF ETHICAL CONDUCT AND LEGAL COMPLIANCE. THE ORGANIZATION HAS ADOPTED AND ENFORCES A CORPORATE COMPLIANCE POLICY, A CODE OF ETHICAL CONDUCT, AND A CONFLICT OF INTEREST POLICY. THESE POLICIES ARE MADE AVAILABLE TO EMPLOYEES AND VOLUNTEERS THROUGH THE INTRANET AND ARE ALSO POSTED ON THE ORGANIZATION'S PUBLIC-FACING WEBSITE. COLLECTIVELY, THESE POLICIES DEFINE THE ETHICAL STANDARDS AND BEHAVIORAL EXPECTATIONS APPLICABLE TO ALL EMPLOYEES, VOLUNTEERS, AND REPRESENTATIVES OF UWBA.

THE CONFLICT OF INTEREST POLICY PROHIBITS ANY ACTIVITY OR ARRANGEMENT THAT CONFLICTS, OR APPEARS TO CONFLICT, WITH THE INTERESTS OF UWBA, WHETHER OCCURRING WITHIN OR OUTSIDE THE SCOPE OF ORGANIZATIONAL DUTIES. THE POLICY EXPRESSLY PROVIDES THAT NO EMPLOYEE, VOLUNTEER, OR REPRESENTATIVE MAY USE THEIR POSITION, INFLUENCE, ACCESS TO INFORMATION, OR UWBA ASSETS OR RESOURCES FOR PERSONAL BENEFIT, FINANCIAL GAIN, OR THE IMPROPER BENEFIT OF OTHERS. IN ADDITION, THE POLICY RESTRICTS EMPLOYEES AND COVERED PERSONS FROM PERFORMING COMPENSATED SERVICES FOR, HOLDING A BENEFICIAL INTEREST IN, OR BEING SUBSTANTIALLY OBLIGATED TO UWBA VENDORS OR OTHER ENTITIES CONDUCTING BUSINESS WITH UWBA INCLUDING THROUGH FAMILY MEMBERS OR CLOSE RELATIVES UNLESS THE RELATIONSHIP IS FULLY DISCLOSED TO THE CHIEF EXECUTIVE OFFICER AND THE BOARD OF DIRECTORS AND IS REVIEWED AND APPROVED BY THE BOARD BASED ON FULL DISCLOSURE OF ALL RELEVANT FACTS.

THE CODE OF ETHICAL CONDUCT REQUIRES THE PROMPT REPORTING OF SUSPECTED VIOLATIONS OF LAW OR ORGANIZATIONAL POLICY AND INCLUDES PROTECTIONS AGAINST RETALIATION FOR INDIVIDUALS WHO REPORT CONCERNS IN GOOD FAITH. THE CORPORATE COMPLIANCE POLICY ESTABLISHES A CLEAR AND FORMAL PROCESS FOR

Name of the organization UNITED WAY OF THE BAY AREA	Employer identification number 94-1312348
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EMPLOYEES AND VOLUNTEERS TO REPORT REASONABLE CONCERNS REGARDING POTENTIAL VIOLATIONS OF LEGAL REQUIREMENTS OR INTERNAL POLICIES, WHETHER ARISING IN THE WORKPLACE OR IN CONNECTION WITH UWBA ACTIVITIES. AS PART OF THIS PROCESS, MATTERS REPORTED UNDER THE COMPLIANCE PROGRAM ARE REVIEWED BY THE CORPORATE COMPLIANCE TASKFORCE, WHICH IS COMPOSED OF THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF ETHICS OFFICER.

THE TASKFORCE CONDUCTS APPROPRIATE INVESTIGATIONS AND DETERMINES CORRECTIVE ACTIONS, AS WARRANTED. A SUMMARY REPORT OF COMPLIANCE MATTERS, INVESTIGATION OUTCOMES, AND ANY ACTIONS TAKEN IS PROVIDED TO THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. UWBA MAINTAINS AN ANNUAL PROCESS UNDER WHICH EMPLOYEES AND VOLUNTEERS RE AFFIRM THEIR UNDERSTANDING OF AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, CODE OF ETHICAL CONDUCT, CORPORATE COMPLIANCE POLICY, AND DIVERSITY POLICY. IN ADDITION, THESE POLICIES ARE REVIEWED PERIODICALLY TO ENSURE CONTINUED EFFECTIVENESS AND ALIGNMENT WITH LEGAL REQUIREMENTS AND BEST PRACTICES IN NONPROFIT GOVERNANCE.

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

UNITED WAY OF THE BAY AREA USES THE SAME PROCESS FOR DETERMINING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, OTHER OFFICERS, AND KEY EMPLOYEES. COMPENSATION IS ESTABLISHED THROUGH A REVIEW AND APPROVAL PROCESS INTENDED TO ENSURE THAT AMOUNTS ARE REASONABLE AND CONSISTENT WITH MARKET PRACTICES. THE ORGANIZATION ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE COMPARATIVE COMPENSATION DATA. THE CONSULTANT EVALUATES RELEVANT FACTORS, INCLUDING COMPARABLE POSITIONS WITHIN SIMILAR ORGANIZATIONS, INDUSTRY STANDARDS, INDIVIDUAL EXPERIENCE, AND PREVAILING MARKET CONDITIONS, AND PREPARES RECOMMENDATIONS FOR THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE MEETS AT LEAST TWICE ANNUALLY TO REVIEW THE CONSULTANT'S DATA, CONSIDER ORGANIZATIONAL BUDGET CONSTRAINTS, AND FORMULATE COMPENSATION RECOMMENDATIONS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS. AT A MINIMUM, THE BOARD ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND OTHER KEY EMPLOYEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON UNITED WAY OF THE BAY AREA'S WEBSITE. THESE DOCUMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR IN PERSON UPON REQUEST.

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

CONSULTING:

PROGRAM SERVICE EXPENSES	1,571,528.
MANAGEMENT AND GENERAL EXPENSES	83,072.
FUNDRAISING EXPENSES	616,606.
TOTAL EXPENSES	2,271,206.

OTHER FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES	56,210.
MANAGEMENT AND GENERAL EXPENSES	26,252.
FUNDRAISING EXPENSES	171,135.
TOTAL EXPENSES	253,597.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,524,803.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, 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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **BRIAN KATAOKA**
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**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.