Form **990**

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

OMB No. 1545-0047

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

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<u>A</u>			dar year, or tax	year beg	inning 7	/01	, 2022	2, and endi	ng 6/	′30		, 20 2023
В	Check	if applicable:	C							D Employ	er iden	tification number
	A	Address change	UNITED WA	Y OF S	ANTA CR	UZ COUNT	Y.			94-	1422	471
	\Box	lame change	4450 CAPI				_			E Telepho		
	\vdash		CAPITOLA,			•						
	H	nitial return	,		0_0					(83	1)4/	9-5466
	∐F	inal return/terminated										
	L A	mended return								G Gross r	eceipts	\$ 5,227,757.
	ПА	application pending	F Name and add	ess of princip	pal officer: 1/1	CTCUN DD	OMDED		H(a) Is this	a group retur	n for sul	
	_		SAME AS C	ABOVE	K	FISHE DK	OWDER		H(b) Are al	I subordinates " attach a list	include	
_	Tav	overnat etatues	X 501(c)(3)			(inpart no)	1 4047/02/12 0	E07	If "No,	," attach a list	. See in:	structions.
<u>I</u>		-exempt status:		501(c) (-	(insert no.)	4947(a)(1) o	r 527				
J	We	ebsite: WW	W.UNITEDWA	AYSC.OF	RG				H(c) Group	exemption nu	umber	
K	For	m of organization:	X Corporation	Trust	Association	Other	L	Year of format	tion: 197	4 Ms	State of I	legal domicile: CA
Pa	rt I	Summar	У									
	1	Briefly descri	be the organiza	tion's mis	sion or mos	st significant	activities: ci	EE CCUE	חווד ה			
									DONE_O			
Activities & Governance										. – – – – -		
ם												
e.		0			,		-,					
Š	2	Check this bo	x I if the	organizati	on disconti	nued its opei	rations or disp	posed of mo	ore than 2	25% of its	- 1	
es Se	3	Number of vo	ting members of	of the gove	erning body	(Part VI, III	e Ia)	11.			3	20
S	4	Number of inc	dependent votir	ig membe	rs of the go	overning bod	y (Part VI, lin	e 1b)			4	20
ij	5	Total number	of individuals e	mployed	in calendar	year 2022 (F	Part V, line 2	a)			5	23
≨	6		of volunteers (6	400
Ä	7a	Total unrelate	ed business reve	enue from	Part VIII, o	column (C), I	ine 12				7a	0.
	b	Net unrelated	business taxab	ole income	from Form	n 990-T, Part	I, line 11				7b	0.
									P	rior Year		Current Year
	8	Contributions	and grants (Pa	rt VIII, line	e 1h)				. 3	3,538,1	88.	5,150,414.
Revenue	9		ice revenue (Pa							,,000,2	-	0,200,1211
Ve	10		come (Part VIII							-9,8	Ω1	1,611.
æ	11		e (Part VIII, colu			and the same of th					35.	6,536.
_	12											
-	Live See		- add lines 8							3,528,6		5,158,561.
	13		milar amounts p	7		50 (50)	•			243,1	69.	232,650.
	14	Benefits paid	to or for memb	ers (Part	IX, column	(A), line 4).						
ا 🛴	15	Salaries, othe	r compensation	i, employe	ee benefits	(Part IX, coli	umn (A), lines	s 5-10)	. 2	2,068,4	85.	2,664,584.
Expenses	16a	Professional f	undraising fees	(Part IX,	column (A)	, line 11e)						
e l												STAN STILLER RANGE
꿃			ing expenses (F					51,114.				
-	17		es (Part IX, colu							,096,6		1,840,929.
- 1	18	Total expense	s. Add lines 13	-17 (must	equal Part	IX, column ((A), line 25)		. 3	,408,2	83.	4,738,163.
	19	Revenue less	expenses. Sub	tract line	18 from line	12				120,3		420,398.
2 8										ng of Current	_	End of Year
lances	20	Total assets (Part X, line 16)						Degiiiili 1	, 337, 4		2,136,401.
Bals	21	Total liabilities	(Part X, line 2	6)								
Not Ass Fund Ball				30						555,2	_	918,163.
			fund balances.	Subtract I	ine 21 from	n line 20				782,2	41.	1,218,238.
Pa	rt II	Signature	Block									
Unde	penal	ties of perjury, I dec	lare that I have exar	nined this ret	urn, including a	accompanying sc	hedules and state	ments, and to t	he best of m	v knowledge a	and belie	ef, it is true, correct, and
comp	lete. De	eclaration of prepare	er (other than officer) is based on	all information	of which prepare	er has any knowle	dge.		, ,		
		1 //	/							5/15	207	H
Sig	n	Signature of o	fficer						Date	0110	200	
3iy Her		RETCHA	DDOMDED					D	DECTOR	NIII C CI	T0	
пег	е		BROWDER					P.	RESIDE	NT & C	EO	
			name and title		1.			1				
		Print/Type pre	eparer's name		Preparer's si	ignature		Date		Check X	if F	PTIN
Pai	d	SANWAR	HARSHWAL,	CPA	Sim	vartfastlu	1	05/15/20	24	self-employed	d I	P01249746
	pare						•	100,10,20	-			
	Oulu									Firm's EIN	27	.07/1276
		Firm's addres				I, SIE A	L					0741376
		L		-	A 92127					Phone no.	(510	
May	the II	RS discuss this	s return with the	preparer	shown abo	ove? See ins	tructions					X Yes No

Forr	m 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY	94-1422471	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	,	<u> </u> X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
- 2	Did the organization undertake any significant program services during the year which were not listed on the pric		
£.	Form 990 or 990-EZ? SEE SCHEDULE O		□ No
	If "Yes," describe these new services on Schedule O.	A les	
3		vices? Yes	X No
_	If "Yes," describe these changes on Schedule O.	1003777	M NO
4		ces, as measured by e	xnenses.
	Describe the organization's program service accomplishments for each of its three largest program servi Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others, the total ex	penses,
	and revenue, if any, for each program service reported.		
	(O-d)	Α	
48	(Code:) (Expenses \$ 1,604,162. including grants of \$ 5,000.) (Re)
	UNITED WAY OF SCC PROVEDS PROGRAMS AND ADMINISTATION SOLUTIONS FO		ANTA
	CRUZ COUNTY. FIRST 5 SANTA CRUZ COUNTY IMPROVES THE LIVES OF CHIL		
	COMMUNITY WHO NEED THE MOST SUPPORT TO MAKE SURE ALL CHILDREN HAV		
	EXPERIENCES THEY NEED TO SUCCEED. FIRST 5'S PRIORITIES FALL IN TH		
	AREAS: CHILDREN ARE HEALTHY; CHILDREN ARE LEARNING AND READY FOR	SCHOOL; FAMILI	ES_ARE_
	STRONG; SERVICES ARE FAMILY FRIENDLY.		
4b	(Code:) (Expenses \$ 673,724. including grants of \$ 128,750.) (Re)
	CAMPAIGN AND COMMUNITY IMPACT FOCUS ON PROMOTING COLLEGE AND CARE		
	AND WELLNESS, ECONOMIC MOBILITY, AND COMMUNITY ENGAGEMENT. UNITED		
	COMMUNITY GRANTS TO SUPPORT LOCAL YOUTH-SERVING PROGRAMS IN MARGI		ITIES
	WITHIN SANTA CRUZ COUNTY. UNITED WAY OF SCC COLLABORATES WITH LOC		
	DEVELOP NETWORKS AND STRATEGIC PLANS TO IMPROVE THE HEALTH AND WE		UTH
	AND FAMILIES IN SANTA CRUZ COUNTY. YOUTH PROGRAMS INCLUDE AFTER SO		
	SUPPORT, MENTAL HEALTH SERVICES, HEALTHY EATING ACTIVE LIVING, ME		R
	PATHWAYS, MINDFULNESS, NUTRITION WORKSHOPS, AND ADVOCACY TO PROMO	<u>re healthy</u>	
	COMMUNITIES.		
4c	(Code:) (Expenses \$ 417,918. including grants of \$ 90,000.) (Re)
	2-1-1 IS A CENTRALIZED HELPLINE FOR THE PUBLIC TO GET INFORMATION	ON HEALTH AND	HUMAN
	SERVICES. CALLERS CAN USE THE EASY-TO-REMEMBER, TOLL-FREE NUMBER,	2-1-1, WHERE 7	<u> </u>
	TRAINED SPECIALIST WILL MATCH NEEDS TO LOCAL SERVICES. IN TIMES OF	F DISASTER, 2-1	l-1
	PROVIDES UP-TO-DATE INFORMATION ON ROAD CLOSURES, EVACUATION SITES		
	SHELTER, RELIEVING THE BURDEN ON 9-1-1. YOUTH AND FAMILIEIS CAN CO		
	SERVICES FOR BASIC NEEDS BY CALLING THE HOTLINE, TEXTING THEIR ZIE	CODE TO 211-2	211,
	OR VISITING THE WEBSITE, WWW.211SANTACRUZCOUNTY.ORG		
	Other program services (Describe on Schedule O.) SEE SCHEDULE O		
	(Expenses \$ 393,189. including grants of \$ 8,900.) (Revenue \$)	
4e	Total program service expenses 3,088,993.		

Form 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY 94-1422471 Page 3 Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete X 1 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III... X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... 7 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D. Part III. . . . Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Х 9 Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI..... X 11a b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII..... Х 116 c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX...... Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X... Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII..... X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional...... 12b X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Х 14h Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV..... 16 Х X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II..... X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H..... Х 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

20b

1.5	Checkist of Required Schedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	248	1	x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24ł)	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240	:	
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	i	
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	Х
ا	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25h		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
á	A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
ŀ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
ć	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	†	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			<u>. L.L</u>
1.	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
BAA	TEEA0104L 09/01/22	Form	990 (2022)

Form 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY 94-1422471 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Х 3a b | f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 42 b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions?..... 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor?...... 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...... 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9b 10 Section 501(c)(7) organizations, Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.... b Gross income from other sources. (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.............. c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O...... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year?..... 15 If "Yes," see the instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?...... 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would 17 result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

If "Yes," complete Form 6069.

- OII	74-14224/1			aye u
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b is a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chat Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	nges	on	
Sec	ction A. Governing Body and Management			· , [A]
			Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
í	b Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH 0	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		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	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	de.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	old "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE .Q	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization SEE . SCHEDULE . O	15b	X	bielentisentivā
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion 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 50 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Y Upon request Other (explain on Schedule O)	1(c)(3)	s only	/)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. SEE SCHEDULE O	le to		
	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ACCOUNTING DEPARTMENT 4450 CAPITOLA ROAD #106 CAPITOLA CA 95010 (831) 479-546	6		

Part VIII 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.

	Ţ	(C))						
(A) Name and title	(B) Average hours per	i	s both dir	an o	officer /trust		à	(D) Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W.271099 - MISC/1099 - NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) KEISHA FROST	40									
PRESIDENT & CEO	0			Χ				135,209.	0.	18,470.
(2) MICHELLE DODGE FINANCE DIRECTOR	- <u>40</u> -					х		100,621.	0.	22,849.
(3) SARAH EMMERT	40									
COMMUNITY ORG DIR.	0					X		89,219.	0.	9,779.
(4) FERNANDO GIRALDO	4									
PRESIDENT	0	Х		Х				0.	0.	0.
_(5)_BINDI_GANDHI	1			i						
TREASURER	0	X	_	Х				0.	0.	0.
_(6)_BEAU_WILDER	1						Ì			
SECRETARY	0	X		Х				0.	0.	0.
(7) CHRIS MAFFIA	2	_				ļ			_	
VP CAMPAIGN	0	X		Х				0.	0.	0.
(8) CYNTHIA LARIVE	2			_				_	_	_
DIRECTOR	0	Х		Х				0.	0.	0.
(9) BRIAN SPECTOR	1			ı						
DIRECTOR	0	Χ						0.	0,	0.
(10) DEANDER JAMES	1	,,								•
DIRECTOR	0	Х	-					0.	0.	0.
(11) HAJIME ARNOLD	1	,,		ı				2		^
DIRECTOR	0	Х					-	0.	0.	0.
(12) LAURIE EGAN DIRECTOR	1	v		ļ				0		0
(13) LEJLA BRATOVIC	0 1	Х	+					0.	0.	0.
DIRECTOR		Х	1			Ì		0.	0.	٨
(14) MARTINE WATKINS	0 1	Λ	\dashv			+		U.	· · · · · · · · · · · · · · · · · · ·	0.
DIRECTOR		х						0.	0.	0.
DINUCION	<i>U</i> ,	Λ						٧.	U.	V.,

Part VII Section A. Officers, Directors, T	rustees,	Key	En	nple	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)			((C)					
(A) Name and title	Average hours per week	box offi	cera	check ess pa nd a	erson direct	e than is bot or/trus	h an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted fine)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15) MATTHEW WETSTEIN DIRECTOR	1 0	Х						0.	0.	0.
(16) MORGAN LYNG LUKINA DIRECTOR	1	х						0.	0.	0.
(17) OSCAR SANCHEZ DIRECTOR	1	Х						0.	0.	0.
(18) PATTY WINTERS DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(19)		A						<u> </u>		<u> </u>
(20)										
(21)	 									
(22)										
(23)										
(24)										
(25)										
1b Subtotal								325,049.	0.	51,098.
c Total from continuation sheets to Part VII, Sect							-	0.	0.	0.
d Total (add lines 1b and 1c)								325,049. more than \$100,00	0. O of reportable comp	51,098. ensation
from the organization 2						·				Yes No
3 Did the organization list any former officer, dire on line 1a? If "Yes," complete Schedule J for such	ctor, truste ch individue	e, ke al	y en	nplo	yee	, or l	high	est compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$15	50,00	10?	lf "Y	es,	" con	othe	er compensation f te Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Ye	ie compen	satio	n fro	m a	anv i	unre	lated ch p	d organization or i	ndividual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest comper compensation from the organization. Report comper	nsated inde nsation for t	pend he ca	lent Ilend	con iar y	itrac 'ear	tors endir	that ig wi	received more the ith or within the org	an \$100,000 of janization's tax year.	
(A) Name and business add	lress		****					(B) Description o	f services	(C) Compensation
2 Total number of independent contractors (including		ed to	thos	se lis	sted	abov	e) w	ho received more t	han	
\$100,000 of compensation from the organization	0									F 000 (0000)

Pa	rt V	III Statement of			a resn	onse or note to a	ny line in this Part	VIII		[
		Check II Garden		COMMINIS	u 103p	onse of risce to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tag under sections 512-514
ž,	1 1a	Federated campaig			1a			1800 PM (1800 PM)	100000000	
ī	j b	b Membership dues 1b								
N, c	C	: Fundraising events			1c	152,864.				
g.	d	Related organization			1d					
Š,	e	 Government grants (con All other contributions, 			le	4,740,128.				
į į	į '	similar amounts not inc			1f	257,422.				
Ę č	g	Noncash contributions is	nclude	ed in		2011,422.		Telescope (Co.)		6680652
Contributions, Gifts, Grants,	i i	lines 1a-1f			1g		F 150 414			
	' '	i Totas, Add lines Ta	-11.		·····	Business Code	5,150,414.			
Program Service Revenue	2a				-					
<u>ફ</u>	b									
Se S	c									
Š	d									
Ë	е									
gra	f	All other program s	ervi	ce revenu	e					
<u>₹</u>	g	Total. Add lines 2a								
	3	Investment income (other similar amou	inclu	ding divide	nds, in	iterest, and	1 611			
	4	Income from invest					1,611.	1,611.		-
	5	Royalties								
] "	Noyallics	· · · ·	(i) Re		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (foss)	6c							
	d	Net rental income of	or (lo	ss)						
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis	٦.							
		and sales expenses	7b				-			
	ı	c Gain or (loss) 7c								
41		Gross income from fundraising events								
Ē	oa	(not including \$								
Ş		of contributions reported	on li	ne 1c).	-					
å		See Part IV, line 18			8a	69,196.				
Other Rever		Less: direct expens			8b	69,196.	erson oe N			Shall dispersions
₹	С	Net income or (loss) fro	m fundrai:	sing ev	vents				
	9a	Gross income from gamin								E SE CALLERY
	L	See Part IV, line 19 Less: direct expens			9a 9b					
		Net income or (loss			L	l lies				
					J					
	ıud	Gross sales of inventory, returns and allowances			10a					
		Less: cost of goods			10b					
	С	Net income or (loss) fro	m sales of	finven					
9						Business Code				
3 3	11a b c d	OTHER_INCOME			9	00099	6,536.	6,536.		
<u>5</u> 5	a									
الِجَ لِا	۲, C	All other revenue								
_		Total. Add lines 11a			· · · L		6,536.			
		Total revenue. See					5.158.561.	8.147.	0.	0.

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. (**D)** Fundraising (A) Total expenses (B) Do not include amounts reported on lines Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 232,650 232,650 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 164,058 106,018. 44,581 13,459. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)........ U n 0 0. Other salaries and wages 1,791,782 1,160,482 484,054 147,246. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 105,160. 66,848 29,790. 8,522. 459,413. 292,038 130,144. 37,231. 10 Payroll taxes 144,171. 91,646 40,841 11,684. 11 Fees for services (nonemployees): **b** Legal..... c Accounting...... 19,248 8,978 182. 10,088 **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH. Q 717,533. 336,470. 373,544 7,519. Advertising and promotion 6,638 5,628 720 290. Information technology..... Royalties..... Occupancy..... 107,216. 69,562 28,314 9,340. 17 Travel..... 35,375. 16,597 15,799 2,979. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization ... 23 19,239 10,212. 6,495 2,532. Other expenses, Itemize expenses not 24 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 COMMUNITY ENGAGEMENT, STIPENDS 16,460. 449,102 401,525 31,117. b PROGRAM SUPPLIES 42,791 209,693. 154,681 12,221. c PRINTING AND PUBLICATIONS 115,998 37,094 21,594 57,310. d MEMBERSHIP_DUES____ 70,796 45,780 20,439 4,577. 90,091 52,784 17,745. e All other expenses..... 19,562. 25 Total functional expenses. Add lines 1 through 24e. . . . 4,738,163. 3,088,993. 1,298,056. 351,114. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).....

32

33

BAA

Form 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY 94-1422471 Page 11 Part X Balance Sheet (B) End of year (A) Beginning of year Cash — non-interest-bearing..... 646,241. 1 1,503,974. Savings and temporary cash investments..... 2 Pledges and grants receivable, net..... 3 674,919. 626,663. Accounts receivable, net 4 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 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 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 11,040 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 141,367. b Less: accumulated depreciation..... 10b 141,367. 10c Investments — publicly traded securities..... 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 Other assets. See Part IV, line 11..... 5,281 15 5,764. 16 2,136,401. 16 Total assets. Add lines 1 through 15 (must equal line 33)...... 1,337,481. Accounts payable and accrued expenses..... 296,064. 17 528,662. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... Liabilities 21 22 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 389,501. 259,176 Total liabilities. Add lines 17 through 25..... 555,240 26 918,163. Organizations that follow FASB ASC 958, check here or Fund Balances X and complete lines 27, 28, 32, and 33. 272,477 27 445,695. Net assets with donor restrictions..... 509,764 28 772,543. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds..... 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds..... 31

TEFA01111 09/01/22

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.....

2,136,401. Form 990 (2022)

1,218,238.

782,241

1,337,481.

32

33

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,158,	561.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,738,					
3	Revenue less expenses. Subtract line 2 from line 1	3		398.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		241.				
5	Net unrealized gains (losses) on investments	5		979.				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	-43,	828.				
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	54,	448.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,218,					
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			П				
				No				
1	Accounting method used to prepare the Form 990: Cash X 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?		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ite						
С	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?		2c					
	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 Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as set forth in the Undergo and Audit or audits as a set forth in the Undergo and Audit or audits as a set forth in the Undergo and Audit or audits as a set forth in the Undergo and Audit or audits as a set forth in the Undergo and Audit or audits and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or audits are a set forth in the Undergo and Audit or a set forth in the Undergo and Audit or a set forth in the Un	Jniforn	1 3 a	х				
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		В					
BAA	TEEA0112L 09/01/22		Form 990	(2022)				

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization UNITED WAY OF SANTA CRUZ COUNTY 94-1422471 Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other OD FIN (iv) Is the organization listed support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

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.)

Se	ction A. Public Support			-								
beg	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,587,581.	3,818,237.	3,783,963.	3,538,188.	5,219,609.	19,947,578.					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		*****				0.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
4 5	Total. Add lines 1 through 3 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)	3,587,581.	3,818,237.	3,783,963.	3,538,188.	5,219,609.	19,947,578.					
6	Public support. Subtract line 5 from line 4						19,947,578.					
Sec	Section B. Total Support											
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4	3,587,581.	3,818,237.	3,783,963.	3,538,188.	5,219,609.	19,947,578.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,574.	1,290.	12,751.	-9,881.	1,611.	8,345.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-					0.					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI	109,275.		20,228.	335.	6,536.	136,374.					
	Total support. Add lines 7 through 10						20,092,297.					
12	Gross receipts from related activi	ities, etc. (see ins	tructions)				0.					
	First 5 years. If the Form 990 is to organization, check this box and	stop here		third, fourth, or fit	fth tax year as a s	section 501(c)(3)						
Sec	tion C. Computation of Puk	lic Support P	ercentage									
14	Public support percentage for 202	22 (line 6, columr	(f), divided by lin	ne 11, column (f))	*****	14	99.28%					
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14				98.29%					
16a	33-1/3% support test—2022. If the and stop here. The organization of	ie organization di qualifies as a pub	d not check the be licly supported or	ox on line 13, and ganization	line 14 is 33-1/3	% or more, check	this box					
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did qualifies as a pub	not check a box olicly supported or	on fine 13 or 16a, ganization	and line 15 is 33	-1/3% or more, c	heck this box					
17a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the facts-	neets the facts-ar	id-circumstances	test, check this be	ox and stop here.	. Éxplain in Part ∖	/I how					
	10%-facts-and-circumstances tes or more, and if the organization no organization meets the facts-and-	neets the facts-ar circumstances te	nd-circumstances st. The organizati	test, check this be on qualifies as a p	ox and stop here. publicly supported	Explain in Part \ I organization	/I how the					
18	Private foundation. If the organiz	ation did not ched	k a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see ins	tructions					

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.)

Sec	ction A. Public Support						
Cale 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					7000	
c	Add lines 7a and 7b		·				
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				T I I I I I I I I I I I I I I I I I I I		
с 11	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years, If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul					······································	
	Public support percentage for 20						%
	Public support percentage from 2						8
Sec	tion D. Computation of Inv	estment Incom	e Percentage	2			
17	Investment income percentage for	or 2022 (line 10c.	column (f), divide	ed by line 13, colu	umn (f))		960
	Investment income percentage fr						96
	33-1/3% support tests-2022. If t	he organization di	d not check the b	oox on line 14, an	d 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 organ	ization qualifies a	ss a publicly suppo	orted organization	
	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3% Private foundation. If the organization is the organization in the organization in the organization is the organization in the organization in the organization in the organization in the organization is the organization in the organizatio	, check this box ar	nd stop here. The	e organization qu	alifies as a publicl	y supported organiz	zation
-0	a meate reamagners in the organiz	adon did Hot CHEC	A DOX OIL HISE	, 12a ₁ 01 130 ₁ 0	HOUR WIIS DOX BING	see manuchons	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2 3a		
	3b 3c		
	4a		
	1 1		
	4c		
	5a	ĺ	
	5b		
	5c		
	6		
	7		
."	8		
	9b		
	9c		
P	10a		
	10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11b 11c Section B. Type I Supporting Organizations 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? If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Y Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	es No
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11b 11c Section B. Type I Supporting Organizations 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 tilmes during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove filters, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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. 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 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 organizations, by the last day of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, to	
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Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	es No
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	
Section E. Type III Functionally Integrated Supporting Organizations	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a The organization satisfied the Activities Test. Complete line 2 below.	
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	ons).
	· · · · · · · · · · · · · · · · · · ·
2 Activities Test. Answer lines 2a and 2b below.	s No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on I	Nov. 20, 1970 (explain ir ust complete Sections A	i Part VI). See through E.
Sec	ction 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		
Sec	ction 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):			
á	Average monthly value of securities	1a		
ŀ	a Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
•	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	:	
6	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	grated	d Type III supporting org	anization
BAA			C-1	dula A (Easter 000) 2022

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 UNITED WAY OF SANT				22471 Page
Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued	<u> </u>	
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 purpose in excess of income from activity	es of supported organizations	s,	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 - prov	ide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organizations	tation is responsive (provide	details		
in Part VI). See instructions. 9 Distributable amount for 2022 from Section C. line 6			8	
9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount			10	
Life 8 amount divided by line 9 amount	41		יין	4115
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6		Associated from the Community of the Com		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount		real contraction and the		
l Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.	Programme and the second of th			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				

e Excess from 2022 BAA

c Excess from 2020..... d Excess from 2021.....

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

UNITED WAY OF SANTA CRUZ COUNTY

94-1422471

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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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		***************************************	2022		2021		2020	 2019		2018
OTHER INCOME	TAL	\$ \$	6,536. 6,536.	\$ \$	335. 335.	\$ \$	20,228. 20,228.	\$ 0.	\$ \$	109,275. 109,275.

SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

UN	ITED WAY OF SANTA CRUZ COUNTY	94-1422471
Pa		
	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	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	or advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	can be used only urpose conferring
Pai	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)	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 last day of the tax year.	of a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
2	a Total number of conservation easements	\$551006\$XX58000
	o Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
,	Number of conservation easements included in (c) acquired after July 25, 2006 and not on a	
_	historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year	organization during the
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, handle	
_	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	ion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	xpense statement and balance sheet, and cribes the organization's accounting for
Par		Other Similar Assets.
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in fart XIII the text of the footnote to its financial statements that describes these items.	ement and balance sheet works of art, urtherance of public service, provide in
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemer historical treasures, or other similar assets held for public exhibition, education, or research in furtherar following amounts relating to these items:	nce of public service, provide the
	(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 financia amounts required to be reported under FASB ASC 958 relating to these items:	I gain, provide the following
	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

3 Living 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 Check and the properties Public exhibition Check and the properties Check and the proper	Part III Organizations Maintaining Co	llections of Art, His	torical Treasures	, or Other Similar A	ssets (contii	nued)
b Scholarly research e Chemistry Colored Color	3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that r	nake significant use of its	collection	l	
Preservation for future generations	a Public exhibition	d Loan	or exchange program				
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 Yes No Part XIII 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 XI, line 21. 1a is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI XIII and complete the following table: 6 Beginning balance. 6 Beginning balance. 6 Additions during the year. 1 c	□ ′	e 🗌 Other	****				
Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization's collection? Part XIII. Part XIII. 1 a Expression amount on Form 990, Part X, line 21. 1 a Expression amount on Form 990, Part X, line 21. 1 a Expression amount on Form 990, Part X, line 21. 1 a Expression amount on Form 990, Part X, line 21. 1 a Expression amount on Form 990, Part X, line 21. 1 a Expression amount on Form 990, Part X, line 21. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Dif Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part Y Expression organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fiability? 2 b Contributions (in the part XIII the included in the organization included account fiability? 3 b Did the organization included account fiability? 3 b Did the organization included account fiability? 4 D Did the organization included account fiability? 5 b Did the organizati							
Escrow and Custodial Arvangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? I a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? I d	Part XIII.						
reported an amount on Form 930, Part X, line 21. 1 a lis the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? explain the arrangement in Part XIII and complete the following table:							No
on Form 1990, Part X?. bit "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance. d Additions during the year. 1 d e Distributions during the year. 1 a Beginning of year balance. 1 a Beginning of year balance. 2 a Did he organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance. 5 Contributions. 1 Administrative expenses. g End of year balance. 9 Coffer expenditures for facilities and programs. 1 Administrative expenses. g End of year balance. 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 8 Dermanent endowment 1 Dermanent endowment 2 The percentages on lines 2a, 2b, and 2c should equal 100%. 3 A Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (b) Unrelated organizations. (i) Related organizations. 3a(i) Related organizations. 3a(ii) Related organizations. 3a(ii) Related organizations. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part XVII Description of property (a) Cost or other basis (b) Cost or other basis (cline) (b) Accumulated depreciation (c) Accumulated depreciation (d) Book value depreciation 1 a Land. b Buildings. 1 (a) Crost or other basis (b) Cost or other basis (cline) (b) Cost or other basis (cline) (c) Accumulated depreciation (d) Book value 1 a Land. b Buildings. 1 (a) Cost or other basis (b) Cost or other basis (cline) (d) Rock value 1 (a) Cost or other basis (b) Cost or other (b) Cost or other	Escrow and Custodial Arrang reported an amount on Form 990, Part	ements. Complete if th X, line 21.	e organization answere	d "Yes" on Form 990, Pa	rt IV, line	9, or	
a Beginning balance. d Additions during the year. e Distributions during the year. 1 d e Distributions during the year. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?. Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance. 3 Contributions. 6 Not investment earnings, gains, and losses. 6 Contributions. 6 Not investment earnings, gains, and losses. 6 Contributions. 6 Contributions. 6 Office years back (a) Three years back (b) Four years back (c) Four years back (c) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)	on Form 990, Part X?			ner assets not included	Yes		No
a Beginning balance. d Additions during the year. e Distributions during the year. 1	Bili res, explain the arrangement in ran Alli and	a complete the following to	ule,		Amount		
d Additions during the year. e Distributions during the year 1 Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c Beginning balance			1c	711700111		
e Distributions during the year. I Ending balance. I Ending balance. I Ending balance. I Ending balance. I I I I 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							
1 Ending balance. 12 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions. c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. 3a(i) b If "Yes" on line 3a(i), are the related 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 (b) Cost or other basis (cither) depreciation depreciation b Buildings. 1 a Land. b Buildings. 1 16, 7773. 0 0. c Leasehold improvements. d Equipment. Column (d) must equal Form 990, Part X, column (B), line 10c 0 0. Total, Add lines 1a through 1c. (Column (d) must equal Form 990, Part X, column (B), line 10c 0 0.	_ · ·						
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodia	account liability?	Yes		No
1 a Beginning of year balance	b If "Yes," explain the arrangement in Part XIII.	. Check here if the expla	nation has been provid	led on Part XIII	.,	[J
1 a Beginning of year balance	Part V Endowment Funds Complete if	the organization answere	i "Yes" on Form 990 P	art IV line 10			
1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment & Tapercentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(i) b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R7 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) depreciation 1 a Land b Buildings 1 b Buildings 1 c Leasehold improvements d Equipment 2 c Leasehold improvements d Equipment 1 24,594 1 24,594 1 24,594 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0 0	0.00(0.0000.0000.0000000000000000000000				(e) Fo	ur vears	s back
c Net investment earnings, gains, and losses					1		
and losses							
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 3a(i) 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 (b) Cost or other depreciation depreciation (investment) b Buildings. 16,773. 16,773. 0. c Leasehold improvements. d Equipment. 2 Equipment 4 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 10c.). 0 Coton ther basis (b) Cost or other depreciation depreciation depreciation (c) Accumulated depreciation depreciation (d) Book value depreciation depreciation (d) Book value (d	c Net investment earnings, gains,						
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment							
g End of year balance	e Other expenditures for facilities					***************************************	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f Administrative expenses						
a Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 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 (b) Cost or other basis (other) b Buildings. 1 a Land. b Buildings. 1 c Leasehold improvements. d Equipment 1 24,594, 1 24,594. 0 . Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). O Contact Column (d) must equal Form 990, Part X, column (B), line 10c.).	g End of year balance						
b Permanent endowment c Term endowment The percentages on tines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) The same and 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) (c) Accumulated depreciation 1 a Land. b Buildings. b Buildings. c Leasehold improvements. d Equipment 124,594. 124,594. 0. Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). C Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). C Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).	2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held	as:			
The percentages on fines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	<u></u>	 %					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) In a sa(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 (b) Cost or other basis (other) 1 a Land. b Buildings. 1 a Land. b Buildings. 1 a Land. c Leasehold improvements. d Equipment 1 24,594. 1 24,594. 0 . e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). O ACCUMULATION (COLUMN (B)) Into 10c.).		i					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) In a Ja(ii) Ja(ii	G TOTAL CHAOMINGTO						
organization by: (i) Unrelated organizations. (ii) Related organizations. 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 1 a Land. b Buildings. 16,773. 16,773. 0. c Leasehold improvements. d Equipment 2124,594. 124,594. 0. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 0.	The percentages on lines 2a, 2b, and 2c should e	equal 100%.					
(i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiii		of the organization that a	re held and administered	d for the	г		11_
(ii) Related organizations. 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 (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 0 ag(ii) 3b 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1 a Land. 1 a Land. 1 b Buildings. 1 a Land. 1 a Land. 2 b Buildings. 1 a Land. 3 a (ii) 3 b 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a Land. 1 a Land. 1 a Land. 2 b Buildings. 1 a Land. 3 a (ii) 3 b 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 4 a Land. 5 b Buildings. 1 a Land. 5 b Buildings. 1 a Land. 6 c Leasehold improvements. 7 a Land. 8 b Buildings. 9 a Land. 9 a Land. 9 a Land. 1 a Land. 1 a Land. 1 b Buildings. 1 a Land. 2 b Buildings. 3 a Land. 4 a Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 4 a Land. 5 a Land. 6 a Land. 1					r	res	NO
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 (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (investment) (e) Buildings. b Buildings. c Leasehold improvements. d Equipment. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).						-	
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 (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (a) Buildings. b Buildings. c Leasehold improvements. d Equipment. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 0.	***			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 55	1	
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 (b) Cost or other depreciation 1 a Land b Buildings. c Leasehold improvements. d Equipment e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). October 10. (d) Book value (c) Accumulated depreciation (d) Book value (d) Book							
Column (d) must equal Form 990, Part X, column (B), line 10c.). Column (depreciation	SCHWARD STATE STAT		V, line 11a. See Form 9	990, Part X, line 10.			
b Buildings	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		(d) Bo	ok va	lue
c Leasehold improvements d Equipment 124,594. 124,594. 0. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 0.							
d Equipment 124,594. 124,594. 0. e Other 124,594. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.		16,773.		16,773.			<u>0.</u>
e Other	·	101 -01		704 504			
Total, Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.)	• •	124,594.		124,594.			<u>U.</u>
		gual Form 900 Part V a	olumn (R) line 10c \				
		fuer om Jou, Fall A, C	ordinir (D), mre 100.)		ule D (For	m 990)	

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" or	Form 000 Part IV line	N/A	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	al derivatives		(D) Montos of Tanaston, Goot of Ch	a a, year manac talaa
	held equity interests			
(3) Other				
(A)				
(B)				
(c)	·			
(D)				
(E)				
(F)				
<u>``.'_</u>				
(H)				
(1)				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments — Program Related.		N/A	
I GIT YIII	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 er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	***************************************			
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		ns to review of the estate of
active and a second second	Complete if the organization answered "Yes" on		11d. See Form 990, Part X, line 15.	
/1>	(a) Des	scription		(b) Book value
(1)				1.
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, column (B	B) line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on		11e or 11f. See Form 990, Part X, line	
1,		ption of liability		(b) Book value
	I income taxes			
	CATIONS PAYABLE			15,101.
	GNATIONS PAYABLE			121,537.
(4) TRANS	SPEK			252,863.
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
· · · · · · · · · · · · · · · · · · ·	b) must equal Form 990, Part X, column (B) line 25.)			. 389,501.
	ncertain tax positions. In Part XIII, provide the text of the fool			
ax positions und	ler FASB ASC 740. Check here if the text of the footnote has l	been provided in Part XIII	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		•		L2

Sendale B (SIM 350) 2022 CHILD WAT OF SANTA CROZ COUNTY	۶۰	1-147741T 1 age 4
Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	eturn. N/A
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2c	1
d Other (Describe in Part XIII.)	2d	1
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
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	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	Return, N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses.	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
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	4 a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
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.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

UNITED WAY OF SANTA CRUZ					94-142247	'1
Part I Fundraising Activities. Complete Form 990-EZ filers are not re	ete if the organiz	ation answalete this a	/ered "Yes" part	on Form 990, Part IV, lir	ne 17.	
1 Indicate whether the organization						
a X Mail solicitations			е	X Solicitation of non-	government grants	
\mathbf{b} $\overline{\mathbf{X}}$ Internet and email solicitation	s			X Solicitation of gove		
c X Phone solicitations			g	X Special fundraising	j events	
d X In-person solicitations						
2a Did the organization have a written of employees listed in Form 990, Pa	er oral agreemen rt VII) or entity	t with any in connec	individual (tion with p	including officers, directo rofessional fundraising	rs, trustees, or key services?	Yes X No
b If "Yes," list the 10 highest paid indiv	iduals or entitie:	s (fundrais				
compensated at least \$5,000 by the	ne organization	· T			T	T
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)] ``	of cont	ody or control ributions?	from activity	fundraiser listed in column (i)	organization
		Yes	No			
1						
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2						
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3						
4				i		
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5						
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6						
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7						
8						
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9						
-						
10						
Total					-	0.
3 List all states in which the organization	n is registered o	r licensed	to solicit co	ntributions or has been r	notified it is exempt from	
or licensing.	-				·	-

Sch	edule	G (Form 990) 2022 UNITED	WAY OF SANTA C	RUZ COUNTY	94-14:	2 2471 Page 2
Pai	1 II	Fundraising Events. Complete if the reported more than \$15,000 of fur and 6b. List events with gross recommendations.	ndraising event cor	ntributions and gros	orm 990, Part IV, I s income on Form	ine 18, or 990-EZ, lines 1
e e			(a) Event #1 GALA (event type)	(b) Event #2 OTHER EVENTS (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	112,238.	56,182.	53,640.	222,060.
ш.	2	Less: Contributions	99,169.	45,656.	8,039.	152,864.
	3	Gross income (line 1 minus line 2)	13,069.	10,526.	45,601.	69,196.
	4	Cash prizes				
	5	Noncash prizes				
rses	6	Rent/facility costs				
≅xpe	7	Food and beverages		,		
Direct Expenses	8	Entertainment				
	9	Other direct expenses	13,069.	10,526.	45,601.	69,196.
V	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	m line 3, column (d)			
Par	t III j	Gaming. Complete if the organizathan \$15,000 on Form 990-EZ, line	tion answered "Ye: e 6a.	s" on Form 990, Pa	rt IV, line 19, or re	ported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
ď	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
.= 1	4	Rent/facility costs				
	5	Other direct expenses			***	
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)			
	8	Net gaming income summary, Subtract lin	e 7 from line 1, colum	n (d)		
а	ls th	r the state(s) in which the organization core e organization licensed to conduct gaming o," explain:				. Yes No

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If "Yes," explain:

Sche	edule G (Form 990) 2022 UNITED WAY O	F SANTA CRUZ COUNTY	94-1422471	Page 3
11	Does the organization conduct gaming activities with ne		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trus administer charitable gaming?			No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	9
ŀ	b An outside facility		13b	%
14	Enter the name and address of the person who prepares the	e organization's gaming/special events books and	d records:	
	Name			
	Address			
Ŀ	 a Does the organization have a contract with a third party b If "Yes," enter the amount of gaming revenue received of gaming revenue retained by the third party c If "Yes," enter name and address of the third party: 	y from whom the organization receives gaming by the organization \$	g revenue? Yes and the amount	No
	Name	• • • • • • • • • • • • • • • • • • •		
	Address			
16	Gaming manager information:			
	Name		· • • • • • • • • • • • • • • • • •	. <i></i>
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee	Independent contractor		
17	Mandatory distributions:			
a	a ts the organization required under state law to make charita state gaming license?	ble distributions from the gaming proceeds to reta	ain the	∏No
b	Enter the amount of distributions required under state law to organization's own exempt activities during the tax year	be distributed to other exempt organizations or s		
Par	TIV Supplemental Information. Provide the and Part III, lines 9, 9b, 10b, 15b, 15c, 1 information. See instructions.	explanations required by Part I, line : l6, and 17b, as applicable. Also prov	2b, columns (iii) and (vide any additional	<i>?</i>);

Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

Open to Public Inspection

OMB No. 1545-0047 2022

2471	7100	Y Yes		d "Yes" on eded.	of (h) Purpose of grant or assistance	WINTER STORM/ECONOMIC RELIEF/UNITED	STORM RELIEF	ORGANIZATION'S MISSION	ORGANIZATION'S MISSTON	ORGANIZATION'S	ORGANIZATION'S MISSION	WINTER STORM RELIEF/UNDOCUFU	UNITED 4 YOUTH	11 0 Schedule I (Form 990) 2022
94-1422471			SEE PART IV	ion answere space is ne	(g) Description of noncash assistance			The state of the s		7000	1 770	70000	, was	
		or assistance, and	SEE P	Complete if the organization answered "Yes" be duplicated if additional space is needed.	(f) Method of valuation (book, FMV, appraisal, other)	7777					1744441		Southern Committee of the Committee of t	06/29/72
		eligibility for the grants			(e) Amount of noncash assistance	0.0	0	0	0	0	0.0	0	0	TEEA3901L 06/29/22
		of the grants or assistance, the grantees' eligibility for the grants or assistance, and	use of grant funds in the United States.	nd Domestic Gove tore than \$5,000. P	(d) Amount of cash grant	. 55, 000	10,000.	12,600.	12,600.	12,600.	12,600.	50,000.		the line 1 table
	alice	ount of the grants or a	ig the use of grant fun	Organizations a t that received m	(c) IRC section (if applicable)	501 (C) (3)	501 (C) (3)	501 (C) (3)	501 (C) (3)	501(C)(3)	501(C)(3)	501(C)(3)	501 (C) (3)	rganizations listed in 1 table Is for Form 990.
DUNTY	and and Assist	to substantiate the am ie grants or assistan	ocedures for monitorin	nce to Domestic for any recipien	(b) EIN	94-2523780 501	77-0163322 501	77-0407292	94-6138701	45-2881517 501	77-0306871 501	77-0247648 501	94-1422471 501	s) and government or ions listed in the line is see the Instruction
UNITED WAY OF SANTA CRUZ COUNTY		the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the	Farti Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ye 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	(1) COMMUNITY ACTION BOARD 406 MAIN STREET, STE #207 WATSONVILLE,, CA 95076	(2) VALLEY CHURCHES UNITED 	(3) EMMAUS HOUSE 829 SAN BENITO STREET STE#300 HOLLISTER, CA 95023	(4) SUN STREET CENTERS 11 PEACH DRIVE SALINAS, CA 93901	(S) CASA OF SAN BENITO COUNTY E29 SAN BENITO STREET STE#200 HOLLISTER, CA 95023	(6) COMM' NTY FOOD BANK OF SAN BEN 1133 SAN FELIPE ROAD HOLLISTER,, CA 95023	Q) SANTA CRUZ COMMUNITY VENTURES - PO BOX 2375 WATSONVILLE, CA 95077	미센티	 2 Enter total number of section 501(c)(3) and government organizations listed in the line 3 Enter total number of other organizations listed in the line 1 table. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

UNITED WAY OF SANTA CRUZ COUNTY

Schedule I (Form 990) 2022 PartIII

Page 2 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.

94-1422471

The state of the s	770111	***************************************			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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2					
3		***************************************	Treatment of the Contract of t	Profiler	- Parketing
7		111111111111111111111111111111111111111	Paris - Paris	***************************************	THE STATE OF THE S
5		Octobra de la constanta de la	170000	771000	7041000.
9		***************************************	7.4446000	** History	PARTITION OF THE PARTIT
7				11776	TO STATE OF THE PARTY OF THE PA
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, co	lumn (b); and any othe	r additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE UNITED WAY OF SANTA CRUZ COUNTY'S FUND DISTRIBUTION PLAN IS BASED ON A THREE YEAR FUNDING CYCLE. EVERY THREE YEARS, OUR AGENCY RELATIONS COMMITTEE REVIEWS OUR FUNDING RECRUITED AS WELL AS SOLICITED THROUGH AN RFP PROCESS FOR POSSIBLE FUNDING.OUR THREE GOAL AREAS ARE: 1.) OUR YOUTH WILL SUCCEED IN SCHOOL AND IN LIFE. 2.) OUR FAMILIES THE COMMUNITY WILL BE FINANCIALLY STABLE AND INDEPENDENT. 3.) OUR RESIDENTS WILL ACHIEVE GOOD STRATEGY AND WITH THE ASSISTANCE OF THE SANTA CRUZ COUNTY COMMUNITY ASSESSMENT THEY WOULD LIKE TO FOCUS OUR RESOURCES. AT THIS POINT, ORGANIZATIONS ARE BOTH PROJEC (WWW.SANTACRUZCOUNTYCAP.ORG), THEY DETERMINE IN WHAT AREAS OF HEALTH. Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page 1

EXPERIENCE FOR (h) Purpose of grant or assistance ORGANIZATION VITA SUPPORT CAMPING Employer identification number MISSION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) YOUTH 94-1422471 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash (e) Amount of noncash grant 8,300 6,000 25,000 (c) IRC section (if applicable) 94-2662950 501 (C) (3) 46-5397997 501 (C) (3) 94-2944459 501 (C) (3) (b) EIN UNITED WAY OF SANTA CRUZ COUNTY INTERFACE CHILDREN & FAMILY S 4001 MISSION OAKS BLVD, STE I (a) Name and address of organization or government - 234 SANTA CRUZ AVENUE ... __LIVING_EVOLUTION__ CAMARILLO, CA 93012 __4768_SOQUEL_DRIVE__ 11111111 SOQUEL, CA 95073 SENIORS COUNCIL APTOS, CA 95003 Name of the organization

Schedule I Cont (Form 990) 2022

TEEA4001L 06/29/22

SCHEDULE J (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2022

Employer Identification number

94-1422471

			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
1	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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?	L		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9,			
	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:			
	The organization?	5a		Х
b	Any related organization?	5b		Χ
6	If "Yes" on line 5a or 5b, describe in Part III. 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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons fisted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2022 UNITED WAY OF SANTA CRUZ COUNTY

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.

7000		(B) Breakdown of W-2 and	/or 1099-MISC and/or	Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	· ·	(b) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
KEISHA FROST	€ (135,209.	0	0.	0	18,470.	153,679.	0
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BAA			TEEA4102L 07/25/22	23			Schedule J	Schedule J (Form 990) 2022

Page 3

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.

Schedule J (Form 990) 2022 UNITED WAY OF SANTA CRUZ COUNTY

Part III Supplemental Information

SCHEDULE O (Form 990)

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,

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

UNITED WAY OF SANTA CRUZ COUNTY

94-1422471

Employer Identification number

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE MISSION OF THE UNITED WAY OF SANTA CRUZ COUNTY IS TO IGNITE OUR COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER SO THAT OUR YOUTH SUCCEED IN SCHOOL AND IN LIFE, OUR RESIDENTS ARE HEALTHY AND OUR FAMILIES ARE FINANCIALLY INDEPENDENT.

OUR MOST SIGNIFICANT ACTIVITY IS THE UNITED 4 YOUTH INITIATIVE, A COMMUNITY

PARTNERSHIP THAT WORKS TO REDUCE YOUTH POVERTY BY CREATING ENVIRONMENT CHANGES GIVING

CHILDREN MORE OPPORTUNITIES FOR LIVING IN A HEALTIER, THRIVING, AND SAFER SANTA CRUZ

COUNTY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF THE UNITED WAY OF SANTA CRUZ COUNTY IS TO IGNITE OUR COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER SO THAT OUR YOUTH SUCCEED IN SCHOOL AND IN LIFE, OUR RESIDENTS ARE HEALTHY AND OUR FAMILIES ARE FINANCIALLY INDEPENDENT.

OUR MOST SIGNIFICANT ACTIVITY IS THE UNITED 4 YOUTH INITIATIVE, A COMMUNITY

PARTNERSHIP THAT WORKS TO REDUCE YOUTH POVERTY BY CREATING ENVIRONMENT CHANGES

GIVING CHILDREN MORE OPPORTUNITIES FOR LIVING IN A HEALTIER, THRIVING, AND SAFER

SANTA CRUZ COUNTY.

FORM 990, PART III, LINE 2 - NEW SERVICES

CRADLE TO CAREER (C2C) IS A PARENT ADVOCACY INITIATIVE AND COMMUNITY CONNECTOR. OUR COLLECTIVE BRINGS TOGETHER COMMUNITY PARTNERS AND CONNECTS THEM TO LOCAL YOUTH AND PARENTS, TO HEAR DIRECTLY ABOUT HOW TO SUPPORT THE HOPES, DREAMS, AND CONCERNS OF LOCAL FAMILIES. OUR MISSION IS TO WORK COLLECTIVELY TO EMPOWER FAMILIES, DELIVER RESOURCES, AND ADVOCATE FOR EQUITABLE AND INCLUSIVE SUPPORT SYSTEMS TO ELIMINATE DISPARITIES AND ENSURE ALL SANTA CRUZ COUNTY CHILDREN THRIVE IN THEIR EDUCATION,

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CRADLE TO CAREER (C2C) IS A PARENT ADVOCACY INITIATIVE AND COMMUNITY CONNECTOR. OUR COLLECTIVE BRINGS TOGETHER COMMUNITY PARTNERS AND CONNECTS THEM TO LOCAL YOUTH AND PARENTS, TO HEAR DIRECTLY ABOUT HOW TO SUPPORT THE HOPES, DREAMS, AND CONCERNS OF LOCAL FAMILIES. OUR MISSION IS TO WORK COLLECTIVELY TO EMPOWER FAMILIES, DELIVER RESOURCES, AND ADVOCATE FOR EQUITABLE AND INCLUSIVE SUPPORT SYSTEMS TO ELIMINATE DISPARITIES AND ENSURE ALL SANTA CRUZ COUNTY CHILDREN THRIVE IN THEIR EDUCATION, HEALTH, AND CHARACTER.

BY ENSURING YOUTH HAVE THE OPPORTUNITY TO REACH THEIR GREATEST POTENTIAL, UNITED WAY OF SANTA CRUZ COUNTY IS FOCUSING ON YOUTH WELL-BEING TO PROVIDE SUPPORT SERVICES AND PROGRAMS TO PROMOTE COLLEGE AND CAREER READINESS, HEALTH AND WELLNESS, ECONOMIC STABILITY, AND COMMUNITY CONNECTION AMONG SANTA CRUZ COUNTY'S HIGHEST NEEDS YOUTH. UNITED 4 YOUTH IS A COLLABORATIVE TO PROVIDE SUPPORT SERVICES AND PROGRAMS TO YOUTH AND FAMILIES THROUGHOUT SANTA CRUZ COUNTY. THE COLLABORATIVE ASSEMBLES NONPROFITS AND LOCAL LEADERS TO DESIGN INNOVATIVE PROGRAMS THAT LEAD TO POSITIVE AND SUSTAINABLE OUTCOMES FOR YOUTH - FROM ACADEMIC SUPPORT TO POLICY CHANGE IN LOCAL GOVERNMENT.

YOUTH ACTION NETWORK (YAN) CENTERS YOUTH VOICE, AND POSITIONS YOUTH AS THE DRIVERS FOR COMMUNITY CHANGE. THE GOAL OF THE PROGRAM IS TO WORK WITH OUT-OF-SCHOOL PROGRAMS TO FOCUS ON AND SUPPORT POSITIVE YOUTH DEVELOPMENT, YOUTH & ADULT PARTNERSHIPS, AND FOSTERING COMMUNITY CONNECTIONS BY PARTICIPATING IN COMMUNITY-LEVEL DECISION MAKING. JOVENES SANOS (HEALTHY YOUTH) IS YOUTH LEADERSHIP AND ADVOCACY REGARDING HEALTH AND WELLNESS TO CREATE A HEALTHIER, THRIVING COMMUNITY. YOUTH ENHANCE THEIR LEADERSHIP AND ACADEMIC SKILLS BY ENGAGING IN LOCAL DECISION-MAKING TO INCREASE HEALTHY EATING ACTIVE LIVING THROUGH PHYSICAL ACTIVITY AND NUTRITION WORKSHOPS.

COMMUNITY ASSESSMENT PROJECT IS A NATIONALLY AND INTERNALLY RECOGNIZED DATA REPORT

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THAT EXAMINES THE QUALITY OF LIFE FOR SANTA CRUZ COUNTY RESIDENTS BY REPORTING SOCIAL DETERMINANTS OF HEALTH INDICATORS SUCH AS ECOMONICS, EDUCATION, HEALTH AND WELLNESS, NATURAL AND BUILT ENVIRONMENT, AND PUBLIC SAFETY. IT INCLUDES A BI-ANNUAL HOUSEHOLD SURVEY OF OUR COUNTY'S RESIDENTS' PERCEPTION OF THEIR OWN WELL-BEING AS WELL AS EXTENSIVE COMMUNITY ENGAGEMENT TO SET COLLECTIVE COMMUNITY GOALS IN THE FIVE AREAS. THE DATA IDENTIFIES COMMUNITY NEEDS TO SPARK PLANS TO REDUCE DISPARITIES AND ENHANCE EQUITY IN SANTA CRUZ COUNTY.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE 990 IS INITIALLY REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE EXECUTIVE DIRECTOR, AND FINALLY A REVIEW IS CONDUCTED WITH A BOARD MEMBER UPON SIGNING.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS INITIALLY REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE EXECUTIVE DIRECTOR, AND FINALLY A REVIEW IS CONDUCTED WITH A BOARD MEMBER UPON SIGNING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF ETHICS THAT PROVIDED TO ALL EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A SALARY SURVEY IS COMPLETED AGAINST ALL POSITIONS WITH SALARY RANGES. THE

PERSONNEL COMMITTEE APPROVES AND THEN THE BOARD APPROVES THE PAY SCALES - THE

ORGANIZATION HAS SEVEN STEPS IN EACH POSITION. EVERYONE IS REVIEWED ANNUALLY AND

CAN RECEIVE AN UP TO 6% INCREASE. THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE

DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

TOTAL \$

Name of the organization				Employer identification	on number
UNITED WAY OF SANTA CRUZ COU	NTY			94-1422471	
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES					
		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
OTHER FEES FOR SERVICES	TOTAL <u>§</u>	717,533. 717,533.	336,470. \$ 336,470.	373,544. \$ 373,544.	7,519. 7,519.
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSE					
BAD DEBTS EXPENSESFUNDRAISING EVENT EXPENSES	•		,,	•	-14,748. 69,196.

Form **990**

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

OMB No. 1545-0047 2022

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

_						noigoni ormood to					98886		
<u>A</u>	For t	he 2022 calen	dar yea	ır, or tax	year begii	ining 7/01	, 2	2022, and endir	1g 6/	30		, 20 2023	
В	Check	if applicable:	C							D Employ	/er ider	ntification number	
	Ac	ddress change	LINTT	ED WAY	Y OF SA	NTA CRUZ C	אדאווס			94-	1423	2471	
	-	ame change				AD #106	001111			E Telepho			
	-	-	CAPT	TOLA.	CA 950	10				i .			
	-	itial return	-		011 000					(83	1)4	79-5466	
	Fir	nal return/terminated											
	Ar	mended return								G Gross r	eceipts	\$ 5,227,757.	
	M _A	plication pending.	F Nam	ne and addri	ess of principa	officer: KETCH	A BROWDER		H(a) Is this	a group retur	n for su	ubordinates? Yes X No	
	· · · · ·		CAME	AS C	AROVE	KETSIII	A DROWDER		H(b) Are all	subordinates ' attach a list	includ		
ī	Tav	exempt status:	X 501		501(c) () (insert	no.) 4947(a)	(1) or 527	If 'No,'	' attach a list	. See ir	nstructions.	
							110.) 4547(a)	(1) 01 327	-				
J	We	bsite: WW			YSC.OR	<u> </u>				exemption nu	ımber		
K		n of organization:	Х Соп	poration	Trust	Association O	ther	L Year of format	tion: 197	4 M s	State of	legal domicile: CA	
Pa	irt I	Summar	У										
	1	Briefly descri	be the	organizat	lion's miss	ion or most signi	ficant activities:	SEE SCHEI	חווד ה				
٠.								_ 1711177 17 (1117)	ZONDC.				
Activities & Governance													
결													
ě	۰,	Check this bo	– –r	Titaba		n discontinued it		disposed of m		En/ of 35			
Š	2					rning body (Part							
જ	4					s of the governing					3 4	20	
န္က	-										5	20	
Æ	5					n calendar year 2					-	23	
÷	9					necessary)					6	400	
Ă						Part VIII, column					7a	0.	
	b	Net unrelated	busine	ss taxab	le income	from Form 990-1	, Part I, line 11				7b	0.	
- 1									P	rior Year		Current Year	
ا ا	8	Contributions	and gr	ants (Par	rt VIII, line	1h)			. 3	,538,1	88.	5,150,414.	
ž∣	9	Program serv	ice reve	enue (Pa	rt VIII, line	2g)	,						
Revenue						A), lines 3, 4, and				-9,8	81	1,611.	
2						nes 5, 6d, 8c, 9c,					35.	6,536.	
						(must equal Par				,528,6		5,158,561.	
						X, column (A), li				243,1	69.	232,650.	
ļ		Benefits paid to or for members (Part IX, column (A), line 4)											
ا م	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							. 2	,068,4	85.	2,664,584.	
šė	16a	Professional f	fundrais	sina fees	(Part IX, c	olumn (A), line	11e)						
Expenses				_									
꿃			-			umn (D), line 25		351,114.					
-		•	•	-		nes 11a-11d, 11f	•			,096,6		1,840,929.	
	18	Total expense	es. Add	lines 13-	·17 (must e	equal Part IX, co	lumn (A), line 2	5) <i>.</i>	. 3	,408,2	83.	4,738,163.	
	19	Revenue less	expens	ses. Subt	ract line 1	8 from line 12				120,3	59.	420,398.	
ក់ ខ្លុំ				•						g of Current		End of Year	
ete Enro	20	Total assets (I	Part X	line 16)						,337,4		2,136,401.	
98		-								555,2		918,163.	
Not Ass Fund Bal			•		•				`				
			***************************************		Subtract III	ne 21 from line 2	.0		<u>- [</u>	782,2	41.	1,218,238.	
Pai	rt II	Signature	e Bloc	:k									
Unde	r penaltí	es of perjury, I dec	clare that	I have exam	nined this retu	n, including accompa	nying schedules and :	statements, and to t	he best of my	/ knowledge a	and bel	ief, it is true, correct, and	
comb	lete. De	claration of prepar-	er (other	than officer)	is based on a	Ill information of which	n preparer has any kn	owledge.					
Sig	n	Signature of o	officer						Date				
Her		PETCUA	กากสส	משמוו				D.	DECTNE	NITE C. CI	eo.		
1101	Ç	KEISHA Type or print r						F.	RESIDE	NI & C	<u> </u>		
						B		D-2-	3	1	₁ 1	Port 1	
		Print/Type pro	eparer's r	iame		Preparer's signature		Date		Check X	∫if	PTIN	
Paid	d	SANWAR	<u>HARS</u>	SHWAL,	CPA	Showinter	stul	05/15/20:	24	self-employed	i	P01249746	
_	pare	Firm's name	Н	ARSHWA	AL & CC	MPANY LLP							
	Onl		_	1405 V		ARDO CT, S	TE A			Firm's EIN	27.	-0741376	
			_		EGO, CA					Phone no.	$\frac{27}{(510)}$		
	11 15	20 - 41 41-1-				shown above? S				I HONG HU.	int		

Forn	n 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY	94-1422471	Page 2
Pa	t III Statement of Program Service Accomplishments		F7
	Check if Schedule O contains a response or note to any line in this Part III	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior SEE SCHEDULE O	_	["""]
	1 Will 220 Of 230 Law,	X Yes	∐ No
_	If "Yes," describe these new services on Schedule O.	🗀	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ces, as measured by e s to others, the total e	expenses. xpenses.
	and revenue, if any, for each program service reported.		
4 a	(Code:) (Expenses \$ 1,604,162. including grants of \$ 5,000.) (Re	evenue \$)
	UNITED WAY OF SCC PROVEDS PROGRAMS AND ADMINISTATION SOLUTIONS FO	R FIRST 5 OF S	SANTA
	CRUZ COUNTY. FIRST 5 SANTA CRUZ COUNTY IMPROVES THE LIVES OF CHIL		
	COMMUNITY WHO NEED THE MOST SUPPORT TO MAKE SURE ALL CHILDREN HAV	E THE EARLY	
	EXPERIENCES THEY NEED TO SUCCEED. FIRST 5'S PRIORITIES FALL IN TH	REE MAJOR GOAL	 L
	AREAS: CHILDREN ARE HEALTHY; CHILDREN ARE LEARNING AND READY FOR	SCHOOL; FAMILI	ES ARE
	STRONG; SERVICES ARE FAMILY FRIENDLY.		
4b	(Code:) (Expenses \$ 673,724. including grants of \$ 128,750.) (Re	evenue \$)
	CAMPAIGN AND COMMUNITY IMPACT FOCUS ON PROMOTING COLLEGE AND CARE		HEALTH
	AND WELLNESS, ECONOMIC MOBILITY, AND COMMUNITY ENGAGEMENT. UNITED		
	COMMUNITY GRANTS TO SUPPORT LOCAL YOUTH-SERVING PROGRAMS IN MARGI	NALIZED COMMUN	ITTES
	WITHIN SANTA CRUZ COUNTY. UNITED WAY OF SCC COLLABORATES WITH LOC	AL AGENCIES TO)
	DEVELOP NETWORKS AND STRATEGIC PLANS TO IMPROVE THE HEALTH AND WE	LLBEING FOR YO	OUTH
	AND FAMILIES IN SANTA CRUZ COUNTY. YOUTH PROGRAMS INCLUDE AFTER SO	CHOOL ACADEMIC	,
	SUPPORT, MENTAL HEALTH SERVICES, HEALTHY EATING ACTIVE LIVING, ME	NTORING, CAREE	ir
	PATHWAYS, MINDFULNESS, NUTRITION WORKSHOPS, AND ADVOCACY TO PROMO		
	COMMUNITIES.		
4c	(Code:) (Expenses \$ 417,918. including grants of \$ 90,000.) (Re	venue \$)
	2-1-1 IS A CENTRALIZED HELPLINE FOR THE PUBLIC TO GET INFORMATION		HUMAN
	SERVICES. CALLERS CAN USE THE EASY-TO-REMEMBER, TOLL-FREE NUMBER,	2-1-1, WHERE	A
	TRAINED SPECIALIST WILL MATCH NEEDS TO LOCAL SERVICES. IN TIMES OF	F DISASTER, 2-	1-1
	PROVIDES UP-TO-DATE INFORMATION ON ROAD CLOSURES, EVACUATION SITES	S AND TEMPORAR	Y
	SHELTER, RELIEVING THE BURDEN ON 9-1-1. YOUTH AND FAMILIEIS CAN CO	ONNECT TO CRIT	ICAL
	SERVICES FOR BASIC NEEDS BY CALLING THE HOTLINE, TEXTING THEIR ZIM	CODE TO 211-	211,
	OR VISITING THE WEBSITE, WWW.211SANTACRUZCOUNTY.ORG		
			· — — —
	Other program services (Describe on Schedule O.) SEE SCHEDULE O		
	(Expenses \$ 393,189. including grants of \$ 8,900.) (Revenue \$)
4e	Total program service expenses 3,088,993.		

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

		4-1422471		Page
	rt IV Checklist of Required Schedules (continued)		TV	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	Part IX, 22	Yes	s No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cuand former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		Х	
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d complete Schedule K. If "No," go to line 25a.	and 24	a	x
b	$oldsymbol{\mathfrak{p}}$ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \ldots	24	b	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas any tax-exempt bonds?	24	с	
Ċ	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part L	25	а	Х
Ь	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complet Schedule L, Part I	and <i>e</i> 25	ь	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curre former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled or family member of any of these persons? If "Yes," complete Schedule L, Part II	ent or entity 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, ke employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	y		x
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28	a	Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	b	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes complete Schedule L, Part IV	, [*] 	c	Х
29	$\label{eq:decomposition} \mbox{Did the organization receive more than $25,000 in non-cash contributions? \textit{If "Yes," complete Schedule M}$	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consciontributions? If "Yes," complete Schedule M	servation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, H	Part I 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, and Part V, line 1	or IV,		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a control entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	olled 35i		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and tha treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	t is 37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			[
	Check if Schedule O contains a response or note to any line in this Part V		Yes	1 32-
	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	80	168	No

Form 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY

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

			Yes	No					
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2.	3							
	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X						
38	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	s If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.								
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			v					
		4a		X					
r	o If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4							
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X					
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
Va	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		***************************************					
c	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file								
	Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u>X</u>					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7g							
8	Form 1098-C?	7h							
_	organization have excess business holdings at any time during the year?								
9									
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b] [
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	DOCUMENTAL SECTION OF						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								
RAA	TEEA0105L 09/01/22	Form	oon /2	0221					

Form 990 (2022) UNITED WAY OF SANTA CRUZ COUNTY 94-1422471 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. Section A. Governing Body and Management Nο Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent..... 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?........... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH 0 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 6 Did the organization have members or stockholders?..... X 6 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?..... 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?..... X b Each committee with authority to act on behalf of the governing body?..... X 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.) Nο 10a Did the organization have local chapters, branches, or affiliates?..... 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done...SEE.SCHEDULE.Q...... 12c Х 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 14 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....... 15a X X b Other officers or key employees of the organization...SEE .SCHEDULE .O...... 15b 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?..... 163 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 | Another's website X Upon request Other (explain on Schedule O) 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. ACCOUNTING DEPARTMENT 4450 CAPITOLA ROAD #106 CAPITOLA CA 95010 (831)479-5466

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, Position (do not check more than one box, unless person is both an officer and a (E)
Reportable
compensation from
related organizations
(W-2/1099MISC/1099-NEC) (A) Name and title (D) Reportable compensation from (B) **(F)** Average hours Estimated amount of other compensation from director/trustee) per week (list any hours for the organization (W-2/1099-MISC/1099-NEC) Individual trustee employee nstitutional trustee key employee righest compensated r director ormer the organization and related organizations related rganiza tions below dotted line) (1) KEISHA FROST 40 PRESIDENT & CEO 0 X 135,209 0 18,470. (2) MICHELLE DODGE 40 FINANCE DIRECTOR 0 Х 0 100,621 22,849. (3) SARAH EMMERT 40 COMMUNITY ORG DIR. X 89,219 0 0 9,779. (4) FERNANDO GIRALDO 4 PRESIDENT X 0. 0 Х 0 0 (5) BINDI GANDHI 1 Х TREASURER Х 0. 0 0 0 (6) BEAU WILDER 1 SECRETARY 0 X X 0 0. 0. (7) CHRIS MAFFIA 2 VP CAMPAIGN 0 Х X 0 0 0. (8) CYNTHIA LARIVE 2 DIRECTOR 0 X X 0. 0. 0. (9) BRIAN SPECTOR 1 DIRECTOR 0 Х 0 0. 0. (10) DEANDER JAMES 1 DIRECTOR 0 Х 0. 0. 0. (11) HAJIME ARNOLD 1 X DIRECTOR 0 0. 0. 0. (12) LAURIE EGAN 1 DIRECTOR 0 X 0 0. 0. (13) LEJLA BRATOVIC 1 DIRECTOR 0 X 0 0. 0. (14) MARTINE WATKINS 1 DIRECTOR 0 0. 0. 0.

Part VII Section A. Officers, Directors, Tr	ustees,	Key	En	npl	oye	es,	an	d Highest Con	ipensated Emp	loyees (continued)
	(B)			•	C)					
(A) Name and title	Average hours per week	I box	r. unic	ess D	erson direct	e than is bot or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15) MATTHEW WETSTEIN	1					8.				
DIRECTOR	0	X			l	İ		o.	0.	0.
(16) MORGAN LYNG LUKINA	_ 1									
DIRECTOR	0	X			ļ		<u> </u>	0.	0.	0.
017) OSCAR SANCHEZ DIRECTOR	1	Х						0.	0.	0.
(18) PATTY WINTERS	1									
DIRECTOR	0	Х						0.	0.	0.
(19)										
(20)										
(21)										
(22)		-								
(23)										
(24)										
(25)										
1b Subtotal			. ,					325,049.	0.	51,098.
c Total from continuation sheets to Part VII, Secti	on A		<i>.</i>					0.	0.	0.
d Total (add lines 1b and 1c).								325,049.	0.	51,098.
2 Total number of individuals (including but not limited from the organization 2	l to those li	sted :	abov	/e) w	vho r	eceiv	/ed i	more than \$100,000	of reportable comp	ensation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste h individua	e, ke al	y er 	nplo	yee 	, or l	nigh	est compensated	employee ·····	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$15	e cor 50,00	npe 10?	nsat If "Y	ion es,	and ' <i>com</i>	othe	er compensation for te Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e compens	sation	n fro	m a lule	iny i <i>J fo</i>	unre! r suc	ateo ch p	d organization or i	ndividual	5 X
Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·						•			<u> </u>
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde sation for t	pend he ca	lent Ienc	con lar y	trac ear	tors endin	that ig wi	received more the	an \$100,000 of anization's tax year.	
(A) Name and business addr								(B) Description of		(C) Compensation
							-			
Total number of independent contractors (including by	ut not limit	ed to	thor	مثا مع	ted.	ahov	ם עם	the received more t	han	
\$100,000 of compensation from the organization	0					auov	uj W	mo received Hiole (nati	
RAA	TI	EE AN1	noı	$\Omega \Omega / \Omega 1$	122					Form 998 (2022)

		Check if Schedu	ıle O	contains	a resp	onse or note to a	ny line in this Part	VII t		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Ř,	1 1a	Federated campai			1a					Francisco (Transis)
Contributions, Gifts, Grants,		Membership dues			1b 1c	450 064				
(<u> </u>	: Fundraising event I Related organizati			1d	152,864.				
<u>ق</u> دی	e	Government grants (cor			1e	4,740,128.				
Contributions, Gifts, Grants,	f 5	f All other contributions, gifts, grants, and similar amounts not included above q Noncash contributions included in		14						
현	5 9			1f	257,422.					
Į,	2 5 L	fines 1a-1f,			lg		5 150 414			
	1	Total. Add lines 12	a- / L .		· · · · · · ·	Business Code	5,150,414.			
Program Service Revenue	2a									
Res	b									
ζįς	C									
Sei	d e									
gran	f	All other program :								
P. Q	g	Total. Add lines 2a								
	3	Investment income	(inclu	ıding divide	nds, ir	nterest, and				
	4	other similar amounts)					1,611.	1,611.	,	
	5									
				(i) Re	al	(ii) Personat				
	1									
	1	Less: rental expenses Rental income or (loss)	6b							
		Net rental income		ss)						
		Gross amount from		(i) Secur		(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	l c	Gain or (loss)	7c							
	ş	. ,	gain or (loss)							100 0400 M(C) 2400 0 (C) 2000 0 (C)
ā	8a	Gross income from fund	raisin	g events			PERMITS NOT THE			Section of the sectio
еппе		(not including \$of contributions reported	1 Lon li	52,864	-					
Re		See Part IV, line 18			8a	69,196.	10,000,000,000,000			
Other Re	ь	Less: direct expens			8b					
₹	c	Net income or (loss	s) fro	m fundrais	sing e		ARRIBAN/AND MARINES AND			
	9a	Gross income from gami See Part IV, line 19	ng act	tivities.	۸۰					
	b	Less: direct expens			9a 9b	 				
		Net income or (loss			L	J				
	10a	Gross sales of inventory,	less.							
		returns and allowances. Less: cost of goods			10a 10b					
		Net income or (loss				l ntory				
Ω			,			Business Code				
8 a	11a	OTHER INCOME	<u>.</u>		9	00099	6,536.	6,536.		
scellaneo Revenue	b									
Miscellaneous Revenue	c d	All other revenue								
Σ		Total. Add lines 11a					6,536.			
		Total revenue. See				···	5,158,561.	8,147.	0.	0.

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).

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 an	y line in this Part IX		X					
Do 6b,	not include amounts reported on lines 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	232,650.	232,650.							
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										
5	Compensation of current officers, directors, trustees, and key employees	164,058.	106,018.	44,581.	13,459.					
6	Compensation not included above to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	1,791,782.	1,160,482.	484,054.	147,246.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
		105,160.	66,848.	29,790.	8,522.					
9	Other employee benefits	459,413.	292,038.	130,144.	37,231.					
10	Payroll taxes	144,171.	91,646.	40,841.	11,684.					
11	Fees for services (nonemployees):									
	Management									
	Legal									
	Accounting	19,248.	8,978.	10,088.	182.					
	Lobbying Professional fundraising services. See Part IV, line 17									
	Investment management fees									
12	Other. (If fine 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0SCH. (Advertising and promotion	717,533.	336,470.	373,544.	7,519.					
13	Office expenses	6,638.	5,628.	720.	290.					
14	Information technology									
15	Royalties									
16	Occupancy	107,216.	69,562.	28,314.	9,340.					
17	Travel	35,375.	16,597.	15,799.	2,979.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	40.000								
23 24	Other expenses. Itemize expenses not	19,239.	10,212.	6,495.	2,532.					
	covered above. (List miscellaneous expenses									
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, fist line 24e expenses on Schedule O.)									
а	COMMUNITY ENGAGEMENT, STIPENDS	449,102.	401,525.	31,117.	16,460.					
b	PROGRAM SUPPLIES	209,693.	154,681.	42,791.	12,221.					
c	PRINTING AND PUBLICATIONS	115,998.	37,094.	21,594.	57,310.					
	MEMBERSHIP DUES	70,796.	45,780.	20,439.	4,577.					
	All other expenses	90,091.	52,784.	17,745.	19,562.					
25	Total functional expenses. Add fines 1 through 24e	4,738,163.	3,088,993.	1,298,056.	351,114.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).									
BAA		TEC 401101 00%			Form 990 (2022)					

Sibiliti		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			646,241.	1	1,503,974.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			674,919.	3	626,663.
	4	Accounts receivable, net	<i></i> .			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner offi I contr rsons	icer, director, ibutor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	erson	s (as defined under		6	
	7	Notes and loans receivable, net				7	
(V)	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			11,040.	9	
As	-		1	ı	11,040.		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	141,367.			
	l b	Less: accumulated depreciation	10h	141,367.		10c	
	11	Investments - publicly traded securities				11	
	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			5,281.	15	5,764.
ı	16	Total assets. Add lines 1 through 15 (must equal line			1,337,481.	16	2,136,401.
	,,,	Total assets. Add files 1 tillough 15 (must equal file	33).,.		1,337,401.	'`	2,130,401.
	17	Accounts payable and accrued expenses			296,064.	17	528,662.
ĺ	18	Grants payable			/	18	
	19	Deferred revenue				19	
ļ	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part f				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, d itor, or sons .	lirector, trustee, r 35%		22	
-	23	Secured mortgages and notes payable to unrelated th	ird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			259,176.	25	389,501.
	26	Total liabilities. Add lines 17 through 25			555,240.	26	918,163.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
<u>a</u>	27	Net assets without donor restrictions		·	272,477.	27	445,695.
8	28	Net assets with donor restrictions			509,764.	28	772,543.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck her	e 📗			
ō	29	Capital stock or trust principal, or current funds				29	
e et	30	Paid-in or capital surplus, or land, building, or equipme	ent fui	nd		30	
200	31	Retained earnings, endowment, accumulated income,	or oth	er funds		31	
¥	32	Total net assets or fund balances		[782,241.	32	1,218,238.
	33	Total liabilities and net assets/fund balances			1,337,481.	33	2,136,401.
ЗАА	١	Ţ	TEEA011	1L 09/01/22			Form 990 (2022)

Pa	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				[X]		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,1	58,	<u>561.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,7	38,	163.		
3	Revenue less expenses. Subtract line 2 from line 1	3	4	20,	398.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	82,	241.		
5	Net unrealized gains (losses) on investments	5		4,	979.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-	43,	828.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		54,	448.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
2 7000	column (B))	10	1,2	18,	<u> 238.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				·- 📙		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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?	<i>,</i> .	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	ed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ite					
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unidance, 2 C.F.R Part 200, Subpart F?	Jniforn	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audi	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 09/01/22		Form	990	(2022)		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 2022

Open to Public Inspection

Name o	Name of the organization Employer identification number										
UNI	TED WAY OF SANTA CRU	Z COUNTY				94-142247	71				
Par	Reason for Public Ch	arity Status. (All	organizations must	comp	lete th	is part.) See instru	ctions.				
The o	rganization is not a private four	idation because it is:	(For lines 1 through 12	, check	only one	box.)					
1	A church, convention of church	hes, or association of o	churches described in sec	ction 170	(b)(1)(A)	(i).					
2	A school described in section	on 1 <mark>70(b)(1)(A)(ii).</mark> (Ai	ttach Schedule E (Form	990).)							
3	A hospital or a cooperative	hospital service orgai	nization described in se	ection 17	/0(b)(1)(A)(iii).					
4	A medical research organization	ation operated in con	junction with a hospital	describe	ed in se	ction 170(b)(1)(A)(iii). E	Enter the hospital's				
5	name, city, and state:										
	An organization operated for section 170(b)(1)(A)(iv). (C	omplete Part II.)		·	·	_	escribed in				
6											
7	X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governn	nental ur	nit or from the general pu	blic described				
8	A community trust described	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)							
9											
10											
11	An organization organized a	nd operated exclusive	ely to test for public sat	fety. See	section	n 509(a)(4).					
12											
а	Type I. A supporting organizate organization(s) the power to recomplete Part IV, Sections 2	ion operated, supervise	ed, or controlled by its su	pported o	organizal	ion(s), typically by giving	ı the supported on. You must				
b	Type II. A supporting organize management of the supporting must complete Part IV, Section 1.	zation supervised or o	controlled in connection the same persons that c	with its control or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You				
c	Type III functionally integrated organization(s) (see instruct	. A supporting organiza	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported				
d	Type III non-functionally integ	rated. A supporting org	ganization operated in co v must satisfy a distribu	nnection Ition rea	with its:	supported organization(s) that is not				
e	instructions). You must com Check this box if the organize	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally				
	integrated, or Type III non-fu										
	Enter the number of supported Provide the following information	-				********************					
	Name of supported organization	(ii) EIN	r	1		(v) Amount of monetary	(A) Amount of other				
V.	, wante of supported organization	(ii) CHV	(lii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed loverning ment?	support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(4)						· · · · · · · · · · · · · · · · · · ·					
(B)											
(C)											
(D)											
(E)											

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.)

Sec	ction A. Public Support						
	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,587,581.	3,818,237.	3,783,963.	3,538,188.	5,219,609.	19,947,578.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		- Control		7		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge				·		0.
4	Total. Add lines 1 through 3	3,587,581.	3,818,237.	3,783,963.	3,538,188.	5,219,609.	19,947,578.
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)						0.
6	Public support. Subtract line 5 from line 4						19,947,578.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,587,581.	3,818,237.	3,783,963.	3,538,188.	5,219,609.	19,947,578.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,574.	1,290.	12,751.	-9,881.	1,611.	8,345.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5	•	,	•	•	0.
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE FART VI	109,275.		20,228.	335.	6,536.	136,374.
11	Total support, Add lines 7 through 10						20,092,297.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is to organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu <mark>k</mark>	olic Support P	ercentage				
	Public support percentage for 20		• • • • • • • • • • • • • • • • • • • •				99.28%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14			15	98.29%
16a	33-1/3% support test—2022. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the bilicly supported or	ox on line 13, and ganization	l line 14 is 33-1/3	% or more, check	this box
Ь	33-1/3% support test—2021. If the and stop here. The organization	e organization did qualifies as a put	I not check a box plicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
1 7 a	10%-facts-and-circumstances ter or more, and if the organization r the organization meets the facts-	st—2022. If the ormeets the facts-arand-circumstance	ganization did not nd-circumstances es test. The organ	t check a box on l test, check this b ization qualifies a	ine 13, 16a, or 16 ox and stop here s a publicly suppo	ib, and line 14 is • Explain in Part \ orted organization	10% /I how
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the facts-and	neets the facts-ar -circumstances te	nd-circumstances st. The organizati	test, check this b on qualifies as a	ox and stop here publicly supported	.Explain in Part \ d organization	/I how the
18	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions

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.)

	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include	ĺ					
2	any "unusùal grants,")						
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade		ļ]		
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
_	organization without charge						***************************************
	Total. Add lines 1 through 5 Amounts included on lines 1.				-		
/a	2, and 3 received from						
	disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line						
	7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
				1	1		
	rents, royalties, and income from						
h	rents, royalties, and income from similar sources						
b	rents, royalties, and income from similar sources					3	
b	rents, royalties, and income from similar sources					<u> </u>	
	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	rents, royalties, and income from similar sources						
c	rents, royalties, and income from similar sources						
c	rents, royalties, and income from similar sources						
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include						
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of						
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include						
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelates activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9,						
11 12	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	for the organization		third fourth of		position EO1/A/2	
11 12	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelates activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9,	for the organizatio	n's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	
11 12 13 14 Sec	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul	stop here blic Support Po	ercentage				
11 12 13 14 Sec 15	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support Po 22 (line 8, column	ercentage (f), divided by li	ne 13, column (f))	15	%
11 12 13 14 Sec 15 16	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage from 2	stop here blic Support Po 22 (line 8, column 2021 Schedule A,	ercentage (f), divided by li Part III, line 15.	ne 13, column (f))	15	
12 13 14 Sec 15 16 Sec	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Investigation.	stop hereblic Support Po 222 (line 8, column 2021 Schedule A, estment Incom	ercentage i (f), divided by li Part III, line 15 ie Percentage	ne 13, column (f))		%
12 13 14 Sec 15 16 Sec	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Investment income percentage for	stop here	ercentage (f), divided by li Part III, line 15 ne Percentage column (f), divide	ne 13, column (f))		00 00
11 12 13 14 Sec 15 16 Sec 17	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Investigation.	stop here	ercentage (f), divided by li Part III, line 15 ne Percentage column (f), divide	ne 13, column (f))		90
11 12 13 14 Sec 15 16 Sec 17 18 19a	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	stop here	ercentage (f), divided by li Part III, line 15 ne Percentage column (f), divide e A, Part III, line d not check the b	ne 13, column (f)	Jmn (f))d line 15 is more	15 16 17 18 than 33-1/3%, and	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	rents, royalties, and income from similar sources	stop here	ercentage (f), divided by li Part III, line 15 ne Percentage column (f), divide e A, Part III, line d not check the betere. The organ	ne 13, column (f) ed by line 13, column 17	Jmn (f))d line 15 is more is a publicly suppo	15 16 17 18 than 33-1/3%, and orted organization.	% % % line 17
11 12 13 14 Sec: 17 18 19a b	rents, royalties, and income from similar sources	stop here	ercentage (f), divided by li Part III, line 15 ne Percentage column (f), divide e A, Part III, line d not check the be here. The organ d not check a boo	ne 13, column (f) ed by line 13, column 17	umn (f))d line 15 is more is a publicly suppo	15 16 17 18 than 33-1/3%, and orted organization. is more than 33-1	% % % line 17
11 12 13 14 Sec: 15 16 Sec: 17 18 19a b	rents, royalties, and income from similar sources	stop here	ercentage (f), divided by li Part III, line 15 ne Percentage column (f), divide e A, Part III, line d not check the be here. The organ d not check a boond stop here. The	ne 13, column (f) ed by line 13, column 17 fox on line 14, an ization qualifies a	umn (f))d line 15 is more is a publicly suppore 19a, and line 16 alifies as a publicl	15 16 17 18 than 33-1/3%, and orted organization. Is more than 33-1 y supported organi	% % % line 17

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? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3 a		
ŀ	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	ALL ARM	
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
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)? 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in Part VI .	6		
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? If "Yes," complete Part I of Schedule L (Form 990).	7		

- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10a

8

9a

9b

9с

	Tere Supporting Organizations (continued)		
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,		No
	the governing body of a supported organization? b A family member of a person described on line 11a above?	11a 11b	
	C A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	
	ction B. Type I Supporting Organizations	110	
	onen Di Type i Cupperting Organizations	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Sec	ction C. Type II Supporting Organizations	,	
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		
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?	Yes I	No
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
Ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions).	
2	Astriction Took Anguar times 2- and 06 between	<u> </u>	
	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes N	lo
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2 b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on I	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.
Sec	ction 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	f Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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	Check here if the current year is the organization's first as a non-functionally integer (see instructions).	grated		
BAA			Sche	dule A (Form 990) 2022

Pa	irt V Type III Non-Functionally Integrated 509(a)(3) S	supporting Organiza	tions (continued	<u></u> d)	
Sec	ction D — Distributions			·	Current Year
1	Amounts paid to supported organizations to accomplish exempt pr	ourposes		1	
2			5,	2	
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		3	
4	Timedita para to duddino axempt add addio			4	
5	grading out delice attended April 1, 10 app. oval required provide	de details in Part VI)		5	
6	The state of the s			6	
	The state of the s			7	
8	in Part VI). See instructions.	tion is responsive (provide	details	8	· · · · · · · · · · · · · · · · · · ·
9	Distributions difficulty for Edge from Occios 6, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ction E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1					
	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
	a From 2017				
	From 2018				
	From 2019				
	d From 2020				
	From 2021				
	f Total of lines 3a through 3e	Patrick and second property for the second lively on the last of t			
	g Applied to underdistributions of prior years				
	1 Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)	W			
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from Section D, line 7:				
	Applied to underdistributions of prior years		Alfa calle control control called		
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.	A State Communication of the C			
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
_	Excess from 2022				

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

UNITED WAY OF SANTA CRUZ COUNTY

94-1422471

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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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2022		2021	 2020	2019		2018
OTHER INCOME	TOTAL	\$ \$	6,536. 6,536.	\$ \$	335. 335.	\$ 20,228. 20,228.	\$ 0.	\$ \$	109,275. 109,275.

Schedule B (Form 990)

Schedule of Contributors

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2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number UNITED WAY OF SANTA CRUZ COUNTY 94-1422471 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III, For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose, Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

9	4	 1	4	2	2	4	7	1	

1 GILI	Contributors (see instructions). Use duplicate copies of Part I if additional	Space is riceded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST 5 OF SANTA CRUZ COUNTY		Person X
	PO BOX 1457	\$2,127,488	Payroll Noncash
	CAPITOLA, CA 95062		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF SANTA CRUZ PROBATION DEPT	_	Person X
	PO BOX 1812	\$42,862.	Payroll
	SANTA CRUZ, CA 95061		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MONTEREY PENNISULA FOUNDATION	_	Person X
	1 LOWER RAGSDALE DR. BLD 3#100	\$275,000 <u>.</u>	Payroll Noncash
	MONTEREY, CA 93940	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
4	UNITED WAY OF CALIFORNIA		Person X
	1107 FAIR OAKS AVENUE #12	\$111,075.	Payroll Noncash
	SOUTH PASADENA, CA 91030	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
		Total contributions	Type of contribution
5	KAISER FOUNDATION HEALTH PLAN INC.	Total contributions	Type of contribution Person X
5	KAISER FOUNDATION HEALTH PLAN INC. 393 E. WALNUT STREET	\$ 85,000.	Type of contribution
5			Person X Payroll
5 (a) No.	393 E. WALNUT STREET		Person X Payroll Noncash (Complete Part II for
	393 E. WALNUT STREET PASADENA, CA 91188 (b)	\$ <u>85,000</u> .	Type of contribution Person X Payroll
(a) No.	393 E. WALNUT STREET PASADENA, CA 91188 (b) Name, address, and ZIP + 4	\$ <u>85,000</u> .	Type of contribution Person X Payroll
(a) No.	393 E. WALNUT STREET PASADENA, CA 91188 (b) Name, address, and ZIP + 4 SANTA CRUZ COUNTY HUMAN SRVS. DEPT.	\$ 85,000. (c) Total contributions	Person X Payroll

2 Employer identification number

UNITED WAY OF SANTA CRUZ COUNTY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FOUNDATION OF SANTA CRUZ		Person X
	7807 SOQUEL DRIVE	\$ 40,000.	Payroll
	ADWOC CA OFOCA		(Complete Part II for
(0)		-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SUTTER HEALTH	-	Person X
	2025 SOQUEL AVENUE	\$10,000.	Payroll
	SANTA CRUZ, CA 95065	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SAN BENITO COUNTY		Person X
	481 4TH STREET	\$ 5,000.	Payroll Noncash
	HOLLISTER, CA 95023		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	PACIFIC GAS AND ELECTRIC COMPANY		Person X
	356 ALISAI STREET	\$ 5,000.	Payroll Noncash
	SALINAS, CA 93901	And the same same time time and and and and	(Complete Part II for noncash contributions.)
(a) No.	(b)	_ (c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11_	COMMUNITY BRIDGES		Person X
	519 MAIN STREET	\$10,000.	Noncash
	WATSONVILLE, CA 95076		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	CITY OF CAPITOLA		Person X
	420 CAPITOLA AVENUE	\$7,500.	Payroll
	CAPITOLA, CA 95010		(Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	CENTER FOR DISASTER PHILANTHROPY 1 THOMAS CIR NW STE 700 WASHINGTON, DC 20005	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	LOCAL INITIATIVES SUPPORT CORP. 500 S GRAND AVENUE LOS ANGELES, CA 90071	\$26,532.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	COM.FOUND'N OF SAN BENITO COUNTY 440 SAN BENITO ST HOLLISTER, CA 95023	\$25,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	COUNTY OFFICE OF EDUCATION 400 ENCINAL STREET SANTA CRUZ, CA 95060	\$22,570.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	CRADLE TO CAREER 4450 CAPITOLA RD STE 106 CAPITOLA, CA 95010	\$ <u>16,675.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	SANTA CRUZ COUNTY OFF. OF RES. REC. 701 OCEAN STREET, ROOM 330 SANTA CRUZ, CA 95060	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization

UNITED WAY OF SANTA CRUZ COUNTY

Employer identification number 94-1422471

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	SANTA CRUZ COMMUNITY HEALTH CENTERS 250 LOCUST STRETT SANTA CRUZ, CA 95060	\$324,413.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	SIERRA HLTH. FNDATION & THE CENTER 1321 GARDEN HIGHWAY SACRAMENTO, CA 93940	\$ <u>272,610.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	SUNLIGHT GIVING 855 EL CAMINO REAL BLDG 4 STE PALO ALTO, CA 94301	\$116,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	INTERFACE CHILDREN & FAMILY SERVICE 4002 MISSION OAKS BLVD STE 1 CAMARILLO, CA 93012	\$ 96,110.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	UC_SANTA_CRUZ 1156 HIGH_STREET SANTA_CRUZ, CA_95064	\$ 76,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	HEISING-SIMMONS FOUNDATION 400 MAIN STREET STE 200 LOS ALTOS, CA 94022	\$7 <u>5,000.</u>	Person X Payroll

5 Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	UNITED WAY OF BAY AREA	_	Person X
	1400 PARKMOOR AVENUE	\$52,570.	Payroll
	SAN JOSE, CA 95126	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26_	SALUD Y CARINO	-	Person X Payroll
	1723 GREY SEAL ROAD	\$33,350.	Noncash
	SANTA_CRUZ, CA_95062	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_	HEALTH IMPROVEMENT PARTNERSHIP		Person X
	1800 GREEN HILLS ROAD STE 100	\$31,200.	Payroll
	SCOTTS VALLEY, CA 95066		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_	TIDES CENTER		Person X
	2176 MISSION STREET	\$30,000.	Payroll Noncash
	SAN FRANCISCO, CA 94110		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_	COMCAST CABLE		Person X
	1701 JF KENNEDY BLVD	\$27,500.	Payroll Noncash
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_	EAST BAY COMMUNITY FOUNDATION		Person X
	200 FRANK H OGAWA PLZ	\$ 25,000.	Payroll
			<u>:</u>

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	WELLS FARGO & COMPANY 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_	PAJARO VALLEY PREVENTION AND STUDEN 335 E. LAKE AVENUE WATSONVILLE, CA 95076	\$ <u>24,444.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33_	CALIFORNIA FIRE FOUNDATION 1780 CREEDSIDE OAKS DRIVE SACRAMENTO, CA 95833	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_	CITY OF HOLLISTER 375 FIFTH STREET HOLLISTER, CA 95023	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u></u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
ЗАА	TEEA0703L 07/22/22	Schedule R	(Form 990) (2022)

Schedule B (Form 990) (2022)	1	1	Page 4
Name of organization	Employer id	entification nu	ımber
UNITED WAY OF SANTA CRUZ COUNTY	94-142	2471	
Part III Exclusively religious, charitable, etc., contributions to organizations described	in sectio	n 501(c)(7), (8),
or (10) that total more than \$1,000 for the year from any one contributor. Complete	e 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 information once, See instructions.)			N/A
Use duplicate copies of Part III if additional space is needed.			

	ose ouplicate copies of Fart III if auditiona	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addre	ss, 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
			+
	Transferent news address	(e) Transfer of gift	Parational de la fabricación de la constante
	Transferee's name, addres	s, 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
	Transferee's name, addres	(e) Transfer of gift s. 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	
ļ	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
j			

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UN	ITED WAY OF SANTA CRUZ COUNTY		94-1422471
Pa	rt I Organizations Maintaining Done	or Advised Funds or Other Simila	
	Complete if the organization answered "Y		
	Total number of and of year	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	· · ·		
5	Did the organization inform all donors and dono are the organization's property, subject to the or	ganization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in writing that grant f the donor or donor advisor, or for any o	funds can be used only ther purpose conferring Yes No
Pa	Conservation Easements. Complete if the organization answered "You	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by t		
	Preservation of land for public use (for example	, recreation or education)	vation of a historically important land area
	Protection of natural habitat	Preser	vation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hele last day of the tax year.	d 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
á	Total number of conservation easements		2/22/4/20
	Total acreage restricted by conservation easeme		
	: Number of conservation easements on a certified		
	Number of conservation easements included in (historic structure listed in the National Register.	c) acquired after July 25, 2006 and not o	n a
3	Number of conservation easements modified, transfet tax year		
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy regard and enforcement of the conservation easements	rding the periodic monitoring, inspection, it holds?	handling of violations,Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to t	s conservation easements in its revenue he organization's financial statements th	and expense statement and balance sheet, and at describes the organization's accounting for
Par	conservation easements. IIII Organizations Maintaining Colle	ctions of Art Historical Treasure	s or Other Similar Accets
r ai	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.	s, or Other Jillian Assets.
1 a	If the organization elected, as permitted under Fahistorical treasures, or other similar assets held for Part XIII the text of the footnote to its financial st	or public exhibition, education, or research	e statement and balance sheet works of art, ch in furtherance of public service, provide in
b	If the organization elected, as permitted under FA historical treasures, or other similar assets held for p following amounts relating to these items:	ublic exhibition, education, or research in fu	rtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, histo amounts required to be reported under FASB AS	C 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
h	Assets included in Form 990, Part X		S

Part III Organizations Maintaining Co	ollections of Art, His	torical Treasures.	, or Other Similar A	ssets (cont	inued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that r	make significant use of its	s collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations	LI	· · · · · · · · · · · · · · · · · · ·			
4 Provide a description of the organization's collect Part XIII.	ctions and explain how they	/ further the organization	's exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be mi				Yes	No
Part IV Escrow and Custodial Arrange reported an amount on Form 990, Part	jements. Complete if th t X, line 21.	ie organization answere	d "Yes" on Form 990, Pa	rt IV, line 9, or	
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or oth	ner assets not included	Yes	No
b If "Yes," explain the arrangement in Part XIII an					
				Amount	
c Beginning balance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1с		
d Additions during the year		• • • • • • • • • • • • • • • • • • • •	1 d		
e Distributions during the year					
f Ending balance					
2a Did the organization include an amount on Fo			•		No
b If "Yes," explain the arrangement in Part XIII	. Check here if the expla	nation has been provid	fed on Part XIII		
5 49 Frederick Frederick Countries	kr	LBV B E OOO D	- N. I. 10		
Part V Endowment Funds. Complete if				1 / 5 =	
1 a Beginning of year balance	t year (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	rs back
b Contributions				1	
c Net investment earnings, gains, and losses					
d Grants or scholarships				-	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment	<u>*</u>				
b Permanent endowment %	i				
	aug 1000/				
The percentages on lines 2a, 2b, and 2c should a	,				
3 a Are there endowment funds not in the possessior organization by:	of the organization that a	re held and administered	for the	Yes	No
(i) Unrelated organizations				3a(i)	NO
(ii) Related organizations				. 3a(ii)	
b If "Yes" on line 3a(ii), are the related organization					
4 Describe in Part XIII the intended uses of the	•				<u> </u>
Part VI Land, Buildings, and Equipme Complete if the organization answered		V. line 11a. See Form 9	90 Part X line 10		
	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	ilue
1 a Land		•			
b Buildings	16,773.		16,773.		0,
c Leasehold improvements					
d Equipment	124,594.		124,594.		0.
e Other					
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, co	olumn (B), line 10c.)			0.
BAA			Schedu	ile D (Form 990	2022

Part VII	Investments -	- Other Securities.	Carm 000 Dart IV line	N/A	
(a) Docorio		ganization answered Yes on lory (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	Laf year market value
		ory (rectauring frame or security)	(b) Dook value	(C) Metitod of Valuation, Cost of est	ror-year market value
		S			
(3) Other	tota equity tricorost			`	
(A)					
(B)					
(C)					
(D) (E)					
<u>(E)</u>		. 			
(F) (G)					
(G) (H)					
(l)	(b) must equal Form 99	 O, Part X, column (B) line 12.)			
Part VIII		- Program Related.		N/A	
1.01.1.1	Complete if the or	ganization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)	,				
(9)					
(10)					
	(b) must equal Form 990), Part X, column (B) line 13.)			
Part IX	Other Assets.	4	N/A		
	Complete if the ord		<u>Form 990, Part IV, line</u> scription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)		(4) DC3	scription:		(b) Book Value
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
			3) line 15.)		,
Part X	Other Liabilitie		Corm 000 Port IV line	11e or 11f. See Form 990, Part X, line	25
1.	complete it the ort		ption of liability	THE ULTIT. SEE FULLI 550, PAIL X, IIIE	(b) Book value
	income taxes	(a) secon	priori or naomity		(B) Dook value
(2) ALLO(CATIONS PAYA	BLE			15,101.
	SNATIONS PAY	ABLE			121,537.
(4) TRANS	SFER				252,863.
(5) (6)					
(7)					
(8)					
(9)					
(10)					
(11)					
					389,501.
				encial statements that reports the organization's	

Schedule D (Form 990) 2022 UNITED WAY OF SANTA CRUZ COUNTY	9	4-1422471	rage 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per F	Return. N/A	
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 Ь		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		. 2e	
3 Subtract line 2e from line 1		. 3	
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	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		. 4с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			
Part XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses pe	r Return. N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
Total expenses and losses per audited financial statements	, , , , , , , , , , , , , ,	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		. 2e	
3 Subtract line 2e from line 1		. 3	
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			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		. 5	
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.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

1 990-EZ, line 6a.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 94-1422471 UNITED WAY OF SANTA CRUZ COUNTY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events C d X In-person solicitations X No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser listed in from activity organization column (i) No 1 2 3 5 6 7 8 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
			GALA	OTHER EVENTS	1	through column (c))
ä			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	112,238.	56,182.	53,640.	222,060.
	2	Less: Contributions	99,169.	45,656.	8,039.	152,864.
	3	Gross income (line 1 minus line 2)	13,069.	10,526.	45,601.	69,196.
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses	13,069.	10,526.	45,601.	69,196.
	10	Direct expense summary, Add lines 4 thr	-			69,196.
Parl	11 311	Net income summary, Subtract line 10 fre Gaming. Complete if the organization				norted more
rai		than \$15,000 on Form 990-EZ, lin	e 6a.	5 0111 01111 990, 1 8	artiv, inte 15, or te	ported more
Revenue		`	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
~	1	Gross revenue				
ses	2	Cash prizes				
xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary, Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
а	ls th	er the state(s) in which the organization co e organization licensed to conduct gaming o," explain:	activities in each of th	ese states?		
		e any of the organization's gaming license	s revoked, suspended,		e tax year?	Yes No
			TEE 427021 0			ula C (Carry 000) 2022

Sch	edule G (Form 990) 2022 UNITED WAY OF SANTA CRUZ COUNTY	94-1422471	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13а	읭
	b An outside facility	1	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:	
	Name		
	Address		
ł	a Does the organization have a contract with a third party from whom the organization receives gaming rever of f "Yes," enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ c. If "Yes," enter name and address of the third party:	nue? Yes the amount	No
	Name		
	Address		!
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□Vas	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information. See instructions.	ilumns (iii) and (ny additional	v);

SCHEDULE I (Form 990)

Department of the Treasury Infernal Revenue Service

Part General Information on Grants and Assistance

UNITED WAY OF SANTA CRUZ COUNTY

Name of the organization

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

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

94-1422471

Employer identification number

ž X Yes **Part III** 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. SEE PART IV ************************************ 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(a) Inditie and address of organization or government	(E)						
		(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
(1) COMMUNITY ACTION BOARD						141241	WINTER
	94-2523780 501 (C)	501 (C) (3)	C C C	ć			STORM/ECONOMIC
(2) VALLEY CHURCHES UNITED						Hillian	RELIEF/UNITED
 							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BEN LOMOND, CA 95005	77-0163322 501(C)	501 (C) (3)	10,000.	c			SIOKM KELIKE
(3) EMMAUS HOUSE							FUNDLING
829 SAN BENITO STREET STE#300							OBCANTZARTA
HOLLISTER, CA 95023	77-0407292 501 (C)	501 (C) (3)	12,600.	<u> </u>			MISCION
(4) SUN STREET CENTERS							MOTECTA
11_PEACH_DRIVE							O THE STIME OF
SALINAS, CA 93901	94-6138701 501 (C)	501(C)(3)	12,600.	C			MTCCTON
(5) CASA OF SAN BENITO COUNTY							MOTOCILI
#20							OBCANTORTONIC
HOLLISTER,, CA 95023	45-2881517 501 (C)	501(C)(3)	12,600.	C			MICCION
(6) COMM'NIY FOOD BANK OF SAN BEN		***************************************		William	71111	7786	MOTOSTIA
1133 SAN FELIPE ROAD	•						ייינגטדידיגיקדוגגייסט
	77-0306871 501 (C)	501(C)(3)	12,600				MICCION
(7) SANTA CRUZ COMMUNITY VENTURES				•	7,000	Tittle	MILION COLDIN
PO BOX 2375							WINIER SIONE
WAISONVILLE, CA 95077	77-0247648 501 (C)	501 (C) (3)	20 000				KELLEF/UNDUCUFU
(8) CRADLE TO CAREER					-	TRANSPORT	ND FUND
4450 CAPITOLA ROAD STE # 106							timitoy v damituti
CAPITOLA, CA 95010	94-1422471 501 (C)	501 (C) (3)	35 000				HIDDL & GALLMO
(0) (0) (1) (1)		101111111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·				

Schedule I (Form 990) 2022

TEEA3901L 06/29/22

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table...

Schedule I (Form 990) 2022

UNITED WAY OF SANTA CRUZ COUNTY

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. 94-1422471 Part III

Page 2

The same of the sa	****				
(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of noncash assistance	(o) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		PANO.	noo.	7000	TOTAL MALL
2		1700	The state of the s	7777	The state of the s
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4			PAGE 1		9000
رم ا	777				7001
9	**************************************	211.	1100		7000
7		7//	1866		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information	required in Part I,	line 2; Part III, co	umn (b); and any other	additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE UNITED WAY OF SANTA CRUZ COUNTY'S FUND DISTRIBUTION PLAN IS BASED ON A THREE YEAR FUNDING CYCLE. EVERY THREE YEARS, OUR AGENCY RELATIONS COMMITTEE REVIEWS OUR FUNDING RECRUITED AS WELL AS SOLICITED THROUGH AN RFP PROCESS FOR POSSIBLE FUNDING.OUR THREE GOAL AREAS ARE: 1.) OUR YOUTH WILL SUCCEED IN SCHOOL AND IN LIFE. 2.) OUR FAMILIES PROJEC(WWW.SANTACRUZCOUNTYCAP.ORG), THEY DETERMINE IN WHAT AREAS OF THE COMMUNITY WILL BE FINANCIALLY STABLE AND INDEPENDENT. 3.) OUR RESIDENTS WILL ACHIEVE GOOD STRATEGY AND WITH THE ASSISTANCE OF THE SANTA CRUZ COUNTY COMMUNITY ASSESSMENT THEY WOULD LIKE TO FOCUS OUR RESOURCES. AT THIS POINT, ORGANIZATIONS ARE BOTH HEALTH Schedule I (Form 990) 2022

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2022 EXPERIENCE FOR (h) Purpose of grant or assistance ð ORGANIZATION VITA SUPPORT Continuation Page 1 MISSION Employer identification number CAMPING Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments, (Schedule I (Form 990), Part II.) YOUTH 94-1422471 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash (e) Amount of noncash assistance 8,300. 25,000. 6,000 TEEA4001L 06/29/22 (c) IRC section (if applicable) 46-5397997 501 (C) (3) 94-2662950 501 (C) (3) 94-2944459 501 (C) (3) (b) EIN UNITED WAY OF SANTA CRUZ COUNTY __INTERFACE_CHILDREN_& FAMILY S.__4001 MISSION OAKS BLVD,_STE_I. (a) Name and address of organization or government 234 SANTA CRUZ AVENUE LIVING EVOLUTION ____ CAMARILLO, CA 93012 _ 4768_SOQUEL_DRIVE_ SOQUEL, CA 95073 SENIORS COUNCIL APTOS, CA 95003 -----Name of the organization

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF SANTA CRUZ COUNTY

Part | Questions Regarding Compensation

Employer identification number 94–1422471

	ducations regulating compensation				_
_	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to contract or con-	Yes	No
1	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relevance.	t the following to or for a person listed on Form 990, Part vant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described	ollow a written policy regarding payment or above? If "No " complete Part III to explain	1b		
		address in the complete cut in to explain			
2		ng or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director,		2	Sirkintee (Siidenee)	ana inini di Na
3	Indicate which, if any, of the following the organization used to es Executive Director. Check all that apply. Do not check any bound is establish compensation of the CEO/Executive Director, but es	stablish the compensation of the organization's CEO/ oxes for methods used by a related organization to explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:	Section A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment?		4a		X
	Participate in or receive payment from a supplemental nonqu		4b		X
C	: Participate in or receive payment from an equity-based comp	- L	4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the appli	icable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	an way to a wall to the act of			
_		•			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	he organization pay or accrue any compensation			
а	The organization?		5a		Χ
	Any related organization?		5ь	Ì	X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did th	he organization pay or accrue any compensation			
_	contingent on the net earnings of:				
	The organization?		6a		X
D	If "Yes" on line 6a or 6b, describe in Part III.	• • • • • • • • • • • • • • • • • • • •	6b		X
,	·				
′	For persons listed on Form 990, Part VII, Section A, line 1a, of payments not described on lines 5 and 6? If "Yes," describe in	in Part III	7		Х
		F			
_	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section.	on 53.4958-4(a)(3)?		ļ	
	If "Yes," describe in Part III	·····	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable pr	resumption procedure described in Regulations			
	section 53.4958-6(c)?	- 1	a I		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 UNITED WAY OF SANTA CRUZ COUNTY

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.

(i) (ii) (iii) (ii	Trans.	(B) Breakd	own of W-2 and	1/or 1099-MISC and/c	reakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1	(D) Nontaxable	(E) Total of	(F) Compensation
## PROST PRESIDENT & CEO 0	(A) Name and Title	edwoo	3ase insation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RESIDENT & CEO			5,209.	0			18	153 679	
	PRESIDENT &	i L	0	O 			7	0 	
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Schedule J (Form 990) 2022

94-1422471

Part III Supplemental Information

Schedule J (Form 990) 2022

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.

SCHEDULE O (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

UNITED WAY OF SANTA CRUZ COUNTY

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

94-1422471

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE MISSION OF THE UNITED WAY OF SANTA CRUZ COUNTY IS TO IGNITE OUR COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER SO THAT OUR YOUTH SUCCEED IN SCHOOL AND IN LIFE, OUR RESIDENTS ARE HEALTHY AND OUR FAMILIES ARE FINANCIALLY INDEPENDENT.

OUR MOST SIGNIFICANT ACTIVITY IS THE UNITED 4 YOUTH INITIATIVE, A COMMUNITY PARTNERSHIP THAT WORKS TO REDUCE YOUTH POVERTY BY CREATING ENVIRONMENT CHANGES GIVING CHILDREN MORE OPPORTUNITIES FOR LIVING IN A HEALTIER, THRIVING, AND SAFER SANTA CRUZ COUNTY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF THE UNITED WAY OF SANTA CRUZ COUNTY IS TO IGNITE OUR COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER SO THAT OUR YOUTH SUCCEED IN SCHOOL AND IN LIFE, OUR RESIDENTS ARE HEALTHY AND OUR FAMILIES ARE FINANCIALLY INDEPENDENT.

OUR MOST SIGNIFICANT ACTIVITY IS THE UNITED 4 YOUTH INITIATIVE, A COMMUNITY PARTNERSHIP THAT WORKS TO REDUCE YOUTH POVERTY BY CREATING ENVIRONMENT CHANGES GIVING CHILDREN MORE OPPORTUNITIES FOR LIVING IN A HEALTIER, THRIVING, AND SAFER SANTA CRUZ COUNTY.

FORM 990, PART III, LINE 2 - NEW SERVICES

CRADLE TO CAREER (C2C) IS A PARENT ADVOCACY INITIATIVE AND COMMUNITY CONNECTOR. OUR COLLECTIVE BRINGS TOGETHER COMMUNITY PARTNERS AND CONNECTS THEM TO LOCAL YOUTH AND PARENTS, TO HEAR DIRECTLY ABOUT HOW TO SUPPORT THE HOPES, DREAMS, AND CONCERNS OF LOCAL FAMILIES. OUR MISSION IS TO WORK COLLECTIVELY TO EMPOWER FAMILIES, DELIVER RESOURCES, AND ADVOCATE FOR EQUITABLE AND INCLUSIVE SUPPORT SYSTEMS TO ELIMINATE DISPARITIES AND ENSURE ALL SANTA CRUZ COUNTY CHILDREN THRIVE IN THEIR EDUCATION,

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CRADLE TO CAREER (C2C) IS A PARENT ADVOCACY INITIATIVE AND COMMUNITY CONNECTOR. OUR COLLECTIVE BRINGS TOGETHER COMMUNITY PARTNERS AND CONNECTS THEM TO LOCAL YOUTH AND PARENTS, TO HEAR DIRECTLY ABOUT HOW TO SUPPORT THE HOPES, DREAMS, AND CONCERNS OF LOCAL FAMILIES. OUR MISSION IS TO WORK COLLECTIVELY TO EMPOWER FAMILIES, DELIVER RESOURCES, AND ADVOCATE FOR EQUITABLE AND INCLUSIVE SUPPORT SYSTEMS TO ELIMINATE DISPARITIES AND ENSURE ALL SANTA CRUZ COUNTY CHILDREN THRIVE IN THEIR EDUCATION, HEALTH, AND CHARACTER.

BY ENSURING YOUTH HAVE THE OPPORTUNITY TO REACH THEIR GREATEST POTENTIAL, UNITED WAY OF SANTA CRUZ COUNTY IS FOCUSING ON YOUTH WELL-BEING TO PROVIDE SUPPORT SERVICES AND PROGRAMS TO PROMOTE COLLEGE AND CAREER READINESS, HEALTH AND WELLNESS, ECONOMIC STABILITY, AND COMMUNITY CONNECTION AMONG SANTA CRUZ COUNTY'S HIGHEST NEEDS YOUTH. UNITED 4 YOUTH IS A COLLABORATIVE TO PROVIDE SUPPORT SERVICES AND PROGRAMS TO YOUTH AND FAMILIES THROUGHOUT SANTA CRUZ COUNTY. THE COLLABORATIVE ASSEMBLES NONPROFITS AND LOCAL LEADERS TO DESIGN INNOVATIVE PROGRAMS THAT LEAD TO POSITIVE AND SUSTAINABLE OUTCOMES FOR YOUTH - FROM ACADEMIC SUPPORT TO POLICY CHANGE IN LOCAL GOVERNMENT.

YOUTH ACTION NETWORK (YAN) CENTERS YOUTH VOICE, AND POSITIONS YOUTH AS THE DRIVERS FOR COMMUNITY CHANGE. THE GOAL OF THE PROGRAM IS TO WORK WITH OUT-OF-SCHOOL PROGRAMS TO FOCUS ON AND SUPPORT POSITIVE YOUTH DEVELOPMENT, YOUTH & ADULT PARTNERSHIPS, AND FOSTERING COMMUNITY CONNECTIONS BY PARTICIPATING IN COMMUNITY-LEVEL DECISION MAKING. JOVENES SANOS (HEALTHY YOUTH) IS YOUTH LEADERSHIP AND ADVOCACY REGARDING HEALTH AND WELLNESS TO CREATE A HEALTHIER, THRIVING COMMUNITY. YOUTH ENHANCE THEIR LEADERSHIP AND ACADEMIC SKILLS BY ENGAGING IN LOCAL DECISION-MAKING TO INCREASE HEALTHY EATING ACTIVE LIVING THROUGH PHYSICAL ACTIVITY AND NUTRITION WORKSHOPS.

COMMUNITY ASSESSMENT PROJECT IS A NATIONALLY AND INTERNALLY RECOGNIZED DATA REPORT

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THAT EXAMINES THE QUALITY OF LIFE FOR SANTA CRUZ COUNTY RESIDENTS BY REPORTING SOCIAL DETERMINANTS OF HEALTH INDICATORS SUCH AS ECOMONICS, EDUCATION, HEALTH AND WELLNESS, NATURAL AND BUILT ENVIRONMENT, AND PUBLIC SAFETY. IT INCLUDES A BI-ANNUAL HOUSEHOLD SURVEY OF OUR COUNTY'S RESIDENTS' PERCEPTION OF THEIR OWN WELL-BEING AS WELL AS EXTENSIVE COMMUNITY ENGAGEMENT TO SET COLLECTIVE COMMUNITY GOALS IN THE FIVE AREAS. THE DATA IDENTIFIES COMMUNITY NEEDS TO SPARK PLANS TO REDUCE DISPARITIES AND ENHANCE EQUITY IN SANTA CRUZ COUNTY.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE 990 IS INITIALLY REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE EXECUTIVE DIRECTOR, AND FINALLY A REVIEW IS CONDUCTED WITH A BOARD MEMBER UPON SIGNING.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS INITIALLY REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE EXECUTIVE DIRECTOR, AND FINALLY A REVIEW IS CONDUCTED WITH A BOARD MEMBER UPON SIGNING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF ETHICS THAT PROVIDED TO ALL EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A SALARY SURVEY IS COMPLETED AGAINST ALL POSITIONS WITH SALARY RANGES. THE

PERSONNEL COMMITTEE APPROVES AND THEN THE BOARD APPROVES THE PAY SCALES - THE

ORGANIZATION HAS SEVEN STEPS IN EACH POSITION. EVERYONE IS REVIEWED ANNUALLY AND

CAN RECEIVE AN UP TO 6% INCREASE. THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE

DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. ALL OTHER GOVERNING

DOCUMENTS ARE AVAILABLE UPON REQUEST.

		Employer identificat	ion number
		,	
TY		94-1422471	<u> </u>
(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
TOTAL	SERVICES	& GENERAL	RAISING
717,533.	336,470.	373,544.	7,519.
TOTAL \$ 717,533.	\$ 336,470.	\$ 373,544.	\$ 7,519.
S OR FUND BALANCES			
			-14,748. 69,196.
		TOTAL \$	54,448.
1	(A) TOTAL 717,533. TOTAL \$ 717,533. TS OR FUND BALANCES	(A) (B) PROGRAM SERVICES 717,533. 336,470. TOTAL \$ 717,533. \$ 336,470. TS OR FUND BALANCES	(A) (B) (C) PROGRAM MANAGEMENT SERVICES & GENERAL 717,533. 336,470. 373,544. TOTAL \$ 717,533. \$ 336,470. \$ 373,544. TS OR FUND BALANCES