### \*\* PUBLIC DISCLOSURE COPY \*\*

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

▶ 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.

Department of the Treasury Internal Revenue Service

A F	or the	2021 calendar year, or tax year beginning	and	ending		
<b>B</b> c	heck if pplicable	C Name of organization			D Employer iden	tification number
	Addres	S UNITED WAY WORLDWIDE				
	Name change				13-16352	94
	Initial return	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Telephone num	iber
	Final return/	701 NORTH FAIRFAX STREET	,		703-836-71	.00
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	121,086,069.
	Ameno return	ADEXANDRIA, VA 22314	-		H(a) Is this a grou	p return
	Applic tion	F Name and address of principal officer: ANGEL	A WILLIAMS		for subordina	tes? Yes X No
	pendir	SAME AS C ABOVE			<b>H(b)</b> Are all subordinate	es included? Yes No
			<b>◀</b> (insert no.) 4947(a)(1)	or 527	If "No," attacl	h a list. See instructions
		e: WWW.UNITEDWAY.ORG			H(c) Group exemp	
			sociation Other	<b>L</b> Year	of formation: 1932	M State of legal domicile: NY
Pa	rt I	Summary				
ø		Briefly describe the organization's mission or most			ES BY MOBILIZIN	<u>G</u>
anc		CARING POWER OF COMMUNITIES AROUND THE		-		
Governance	l	Check this box  if the organization discor	1			
90	ı	Number of voting members of the governing body ( Number of independent voting members of the gov				3 13 4 12
≪		Number of independent voting members of the gov Total number of individuals employed in calendar y				5 286
ties		Total number of volunteers (estimate if necessary)				6 75
Activities		Total unrelated business revenue from Part VIII, col				7a 0.
¥	l	Net unrelated business taxable income from Form 9				7b 0.
			, , , ,		Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)			203,785,89	1. 68,676,336.
Revenue	9	Program service revenue (Part VIII, line 2g)			50,251,87	3. 43,083,684.
eve	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		356,87	3. 984,465.
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		820,13	
	12	Total revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		255,214,77	1. 113,428,823.
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		168,967,97	<del></del>
	l	Benefits paid to or for members (Part IX, column (A)				0. 0.
es	15	Salaries, other compensation, employee benefits (F	35,937,89			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0. 0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line	•		46 272 27	5 24 746 500
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			46,373,27 251,279,13	
		Total expenses. Add lines 13-17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 1			3,935,63	
- S	19	nevertue less experises. Subtract line 16 from line	12	Ra	ginning of Current Ye	
ets c	20	Total assets (Part X, line 16)			81,962,15	
Ass Bal	21	Total liabilities (Part X, line 26)			44,081,37	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		37,880,78	7. 47,028,521.
	ırt II	Signature Block				
Unde	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
		0: 1 0:				
Sigr	า	Signature of officer			Date	
Her	е	BRUCE FRIEDMAN, SVP, FINANCE AND	CONTROLLER			
		Type or print name and title		Tr	Doto Louis	DTIN
<b>.</b>		Print/Type preparer's name	Preparer's signature	'	Date Check if	PTIN POORATOE1
Paid		MARY O TORRETTA				nployed P00847851
	arer	Firm's name GRANT THORNTON LLP	1400		Firm's EIN 1	36-6055558
บรย	Only	Firm's address 1000 WILSON BLVD, SUITE ARLINGTON, VA 22209	T-400		Dhona na 7	03-847-7500
May	the IE	S discuss this return with the preparer shown above	ve? See instructions		I Phone no. 7	X Yes No
iviay	LITE IF	io alboubb unib rotuitt with the preparet billwill abbi	, o , o o o i i o ii u o ii o i i o i i o i i o i i o i i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i o i			100 110

#### **COPY**

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms liste Contracts	c filing (e-file). You can electronically file Form 8868 to ed below with the exception of Form 8870, Information F, for which an extension request must be sent to the IRS is form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charicalth.com/">www.irs.gov/e-file-providers/e-file-for-charicalth.com/</a>	Return for S in paper	Transfers Associated With Certain F format (see instructions). For more o	ersonal Be	enefit						
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).								
All corpora	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts						
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.								
Type or	Name of exempt organization or other filer, see instru	ctions		Taxnaver	ridentification n	umbei	r (TIN)	_			
print	Name of exempt organization of earlier mor, eee meta-	otionis.		Taxpayor	identinoation ii	umbo	(1114)				
print	UNITED WAY WORLDWIDE				13-163529	94					
File by the	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.					_			
filing your	701 NORTH FAIRFAX STREET										
instructions.	n. See Ictions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)				0 1	Τ			
		Return					Return	<u>ተ</u>			
Is For		Code	Is For				Code				
	or Form 990-EZ	01					08	_			
Form 472	0 (individual)	03	Form 4720 (other than individual)				09	_			
Form 990-	-PF	04	Form 5227				10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11				
Form 990	-T (trust other than above)	06	Form 8870				12				
Form 990	-T (corporation)	07									
	ooks are in the care of $\blacktriangleright$ 701 N. FAIRFAX STREET	- ALEXA	NDRIA, VA 22314					_			
			Fax No.								
						. ▶					
		_						;			
box 🕨	. If it is for part of the group, check this box	」and atta	ch a list with the names and TINs o	f all membe	ers the extensio	n is fo	r.	_			
the	organization named above. The extension is for the organization representation $\frac{\mathbb{Z}}{2021}$ or	anization's	return for:		npt organization	returr	n for				
►L	Number, street, and room or suite no. If a P.O. box, see instructions.  701 NORTH FAIRRAY STREET  There in the Return Code for the return that this application is for (file a separate application for each return)  8										
2 If th	7	heck reasc	on: Initial return	Final retur	n						
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less					_			
any	nonrefundable credits. See instructions.			3a	\$		0				
<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and								
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0	•			
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by					•			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3с	\$		0				
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct det	oit) with this Form 8868, see Form 8	453-TE and	d Form 8879-TE	for pa	ayment				
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ections.		Form <b>886</b>	8 (Rev	. 1-202	2)			

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Part III | Statement of Program Service Accomplishments

ı a	Check if Schedule O contains				X
1	Briefly describe the organization's m SEE SCHEDULE O				
2	Did the organization undertake any sprior Form 990 or 990-EZ?			nich were not listed on the	Yes X No
•	If "Yes," describe these new service		:- <b>! !</b> 4	to	Yes X No
3	If "Yes," describe these changes on		es in now it cond	ducts, any program services?	Yes A No
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) organ	service accomplishments for nizations are required to report		elargest program services, as measure grants and allocations to others, the to	
	revenue, if any, for each program se  (Code:) (Expenses \$		grants of \$	11,462,014. ) (Revenue\$	0.)
	SEE SCHEDULE O				
4b		24,968,511. including	grants of \$	8,044,215. ) (Revenue\$	426,221.
	SEE SCHEDULE O				
4c	(Code: ) (Expenses \$	20,328,058. including	grants of \$	58,204. ) (Revenue \$	2,341,851.
	SEE SCHEDULE O				
4d	Other program services (Describe or (Expenses \$ 38,673,8	· ·	21,922,9	961.) (Revenue \$ 40,315	,612.)
4e	Total program service expenses	95,755,79		, , , , , , , , , , , , , , , , , , , ,	
					Form <b>990</b> (2021)

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			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	l _		.,
	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?		v	
	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		v	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· · · ·		
•	the organization's stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		
	Schedule D, Parts XI and XII	12a		x
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	х	
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	L
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	Х	
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		Х
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
<b>20</b> 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?	20b		
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	

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## Form 990 (2021) UNITED WAY WORLDWIDE Part IV Checklist of Required Schedules (continued)

	100.10.100		V	<b>N</b> 1-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, · · ·	23	х	1
<b>94</b> a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		1
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   If "Yes." complete			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28		21		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		Х
<b>h</b>	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C		28c		Х
20	"Yes," complete Schedule L, Part IV	29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M	31		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	,	32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	1
25.0	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		35b	х	1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-22
37		27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Δ.
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	000	х	
Pa	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Check if Schedule O contains a response or note to any line in this Part V			Х
	Oneon it somedule o contains a response of hote to any line in this part v		v	
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the Hamber reported in book of Figure 2 in het applicable	-		
b	Enter the number of Forms w-2d included of line 1a. Enter -o- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	x	

UNITED WAY WORLDWIDE 13-1635294 Page 5 Form 990 (2021) | Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Υ	es	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		286			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? .		2b	1	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	Ο.		3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other au						
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	cou	nt)?	4a	2	x	
b	If "Yes," enter the name of the foreign country > SEE SCHEDULE 0						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	cour	nts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	)	5b			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?			6a			Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns o	r gifts				
	were not tax deductible?			. 6b			
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 serv	rices	provided to the pay	or? <b>7a</b>			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					$\top$	
	to file Form 8282?			. 7c			Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntra	ct?	7е			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 88	399 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion f	ile a Form 1098-C	? <b>7h</b>			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained l	by th	ne				
	sponsoring organization have excess business holdings at any time during the year?			8			X
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:		1				
		10a		_			
b	, , , , , , , , , , , , , , , , , , , ,	10b		_			
11	Section 501(c)(12) organizations. Enter:		ı				
a		11a	+				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	,	11b	•				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			128			
	,	12b		-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		-	
а	Is the organization licensed to issue qualified health plans in more than one state?			138			
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
IJ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1				
c		13c					
	Did the averagination was in a service and a service for indeed to be described as when the tarriers			148			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>					$\dashv$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera			<u>.</u>		$\neg$	
	excess parachute payment(s) during the year?			15	:	x	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16			Х
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any					
	11.11. 11. 11. 11. 11. 11. 11. 11. 11.	-		17	$\perp$		
	If "Yes," complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b 100	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
С	• • • • • • • • • • • • • • • • • • • •	12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  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	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
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?	16a	Х	
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	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRUCE FRIEDMAN - 703-836-7100			
	701 N. FAIRFAX STREET ALEXANDRIA VA 22314			

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## 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

X

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(C) Position (do not check more than one						(D)  Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	box	, unle	ss pe	rson i	s both or/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BRIAN GALLAGHER	40.00									
CHIEF EXEC. OFFICER (TO 02/09/21)	0.00			Х				3,180,985.	0.	441,161.
(2) NEERAJ MEHTA	40.00									
BOARD MEM/INTERIM CEO (3/1-10/15/21)	0.00	Х		Х				448,247.	0.	0.
(3) STANLEY LITTLE	40.00									
CHIEF EXPERIENCE OFFICER	0.00		L		Х			400,011.	0.	40,004.
(4) JOSE FERRAO	40.00									
INTERNATIONAL PRESIDENT	0.00				Х			341,787.	0.	63,472.
(5) MARK SUTTON	40.00									
CHIEF FINANCIAL OFFICER	0.00			х				331,865.	0.	54,658.
(6) LEE LOVE	40.00									
CHIEF INVESTOR RELATIONS OFFICER	0.00				Х			316,270.	0.	63,086.
(7) STEVE TAYLOR	40.00									
SENIOR VP & COUNSEL, PUBLIC POLICY	0.00					Х		313,057.	0.	56,307.
(8) PATRICIA TURNER	40.00									
SR VP & GEN. COUNSEL (TO 12/17/21)	0.00			Х				300,799.	0.	47,882.
(9) JOHN TAYLOR	40.00									
CHIEF INFORMATION & TECH. OFFICER	0.00					Х		275,625.	0.	38,450.
(10) KEVIN CLAYBON	40.00									
SR VP, DATA INSIGHTS & RESEARCH	0.00					Х		247,407.	0.	56,969.
(11) SUZANNE MCCORMICK	40.00									
US NETWORK PRESIDENT	0.00				Х			243,275.	0.	55,309.
(12) CHRISTINA MACVEIGH	40.00									
SR VP, NETWORK ENGAGEMENT	0.00					Х		256,196.	0.	41,008.
(13) BRIAN LACHANCE	40.00									
SR VP, CHIEF OF STAFF	0.00					Х		247,247.	0.	47,028.
(14) LORI MALCOLM	40.00									
CHIEF CULTURE OFFICER (TO 03/28/21)	0.00				Х			189,633.	0.	8,400.
(15) WILLIAM BROWNING	40.00									
CHIEF STRATEGY OFFICER (TO 04/02/21)	0.00				Х			172,194.	0.	19,500.
(16) ANGELA WILLIAMS	40.00									
CHIEF EXEC. OFFICER (BEG 10/15/21)	0.00			Х				171,539.	0.	6,001.
(17) DR. JULIETTE TUAKLI	2.00									
CHAIR OF THE BOARD	0.00	Х		Х				0.	0.	0. Form <b>990</b> (2021)

132007 12-09-21 Form **990** (2021)

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Form 990 (2021) UNITED WAY WO	KLUWIDE								13-163529	4 Page <b>o</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees,	and	ΙΗiς	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do		Posi			one	Reportable	Reportable	Estimated
	hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		Jer an	uau	recto	i / ii us	lee)	from	from related	other 
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee	Institutional trustee		99/	mpen		1099-NEC)	1099-1120)	and related
	below	dual t	utiona	-	key employee	st co	ь			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(18) MARY MACK	2.00									
$\underline{\mathtt{AT-LARGE}}$ BOARD MEMBER, FMR TREASURER	0.00	Х		Х				0.	0.	0.
(19) MIKE HAYDE	2.00									
TREAS & CHAIR FIN CMTE, FMR AT LARGE	0.00	Х		Х				0.	0.	0.
(20) LUIS JAVIER CASTRO	2.00									
CHAIR OF AUDIT COMMITTEE	0.00	Х						0.	0.	0.
(21) ANTHONY EARLEY	2.00									
CHAIR OF EXECUTIVE COMP. COMMITTEE	0.00	Х						0.	0.	0.
(22) MARIAME MCINTOSH ROBINSON	2.00									
CHAIR MEMB. ACCOUNTABILITY CMTE	0.00	Х						0.	0.	0.
(23) DAVID PRESCHLACK	2.00									
CHAIR OF GOVERNANCE COMMITTEE	0.00	Х						0.	0.	0.
(24) MARK BITZER	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	0.
(25) SHARAN BURROW	1.00									
AT-LARGE BOARD MEM. (BEG 5/11/21)	0.00	Х						0.	0.	0.
(26) MICHELE PARMELEE	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0. 7,436,137.	0.	0.
1b Subtotal	lb Subtotal									1,039,235.
c Total from continuation sheets to Part VII	0.	0.	0.							
d Total (add lines 1b and 1c)							<u> </u>	7,436,137.	0.	1,039,235.

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

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

#### Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
(A)	(B)	(C)						
Name and business address	Description of services	Compensation						
SALESFORCE, ORG								
50 FREEMONT STREET, SAN FRANCISCO, CA 94105	DIGITAL PLATFORM SERVICES	7,270,056.						
BEYOND THE HORIZON TECHNOLOGY								
3200 MAIN STREET, DALLAS, TX 75226	DIGITAL INTEGRATION	6,083,863.						
IBM CORPORATION, 3039 CORNWALLIS RD,								
RESEARCH TRIANGLE, NC 27709	DIGITAL PLATFORM SERVICES	1,100,000.						
UPPURPOSE INC								
3461 RINGSBY CT STE 115, DENVER, CO 80216	DIGITAL PLATFORM SERVICES	1,017,975.						
COMMUNITY COUNSELLING SERVICE CO, LLC, 527								
MANDISON AVE, 5TH FLR, NEW YORK, NY 10022	CONSULTING SERVICES	685,000.						
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than							
\$100,000 of compensation from the organization > 83								

SEE PART VII, SECTION A CONTINUATION SHEETS

UNITED WAY WORLDWIDE 13-1635294 Form 990

Form 990 UNITED WAY WORLDWIDE 13-1635294										
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(check all that apply)						compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				eg m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	gy.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		eo	ben S				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stitut	Officer	y em	ghest	Former			
122		Ч	드	Ð	포	王	Fc			
(27) HU SHULI	1.00							_	_	_
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	0.
(28) TONI TOWNES-WHITLEY	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	0.
			$\vdash$							
Total to Part VII, Section A, line 1c										
Total to Full VII, Occion A, III o To								l .		L

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		Check if Schodule O co	ontains a rospo	nco or noto to any l	ing in this Bart VIII			
		Check if Schedule O co	oritairis a respo	rise or riote to any i	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ω <sub>10</sub>	1 2	Federated campaigns	1a	12,855				
Contributions, Gifts, Grants and Other Similar Amounts		Manakanakan ka	41.	4,600,901				
			4.	1,000,501	4			
fts,		•	4.1		_			
ija Birgi		-	1d	4,902,240				
ons, Sim		Government grants (contrib		4,302,240	4			
utio	Ť	All other contributions, gifts, g		EO 160 240				
ĕ		similar amounts not included a		59,160,340				
ont	g				_			
O E	h	Total. Add lines 1a-1f			68,676,336.			
		MEMBERGHER BHEG		Business Code		20 205 075		
<u>c</u>	2 a			900099	38,295,075.			
erv	b			900099	3,223,437.			
n S	С			813410	730,591.	<u> </u>		
ran 3ev	d	COURSE TUITION AND C		900099	627,335.	<u> </u>		
Program Service Revenue	е	PROMOTIONAL MATERIAL	SALES	900099	207,246.	207,246.		
Δ.		All other program service re						
$\longrightarrow$	g	Total. Add lines 2a-2f			43,083,684.			
	3	Investment income (including						
		other similar amounts)		253,569.			253,569.	
	4	Income from investment of	tax-exempt bo	nd proceeds				
	5	Royalties			371,323.			371,323.
			(i) Real					
	6 a	Gross rents	6a 313,0	15.				
	b	Less: rental expenses	6b	0.				
	С	Rental income or (loss)	6c 313,0	15.				
	d	Net rental income or (loss)		<b>&gt;</b>	313,015.			313,015.
	7 a	Gross amount from sales of	(i) Securit	` '				
		assets other than inventory	<b>7a</b> 8,388,1	42.				
	b	Less: cost or other basis						
ne		and sales expenses	<b>7</b> b 7,657,2					
Revenue	С	Gain or (loss)	<b>7c</b> 730,8	96.				
Re	d	Net gain or (loss)		. <u></u>	730,896.			730,896.
Jer	8 a	Gross income from fundraising	g events (not					
₹		including \$	of					
		contributions reported on li	ne 1c). See					
		Part IV, line 18		8a				
	b	Less: direct expenses		8b				
	С	Net income or (loss) from fu	ındraising ever	ts				
	9 a	Gross income from gaming	activities. See					
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
	С	Net income or (loss) from g	aming activities	s <b>D</b>				
	10 a	Gross sales of inventory, le	ss returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
		Net income or (loss) from sa		y				
				Business Code				
Miscellaneous Revenue	11 a							
scellaneo Revenue	b							
eVe	С							
lisc	d	All other revenue						
2		Total. Add lines 11a-11d						
	12	Total revenue. See instruction		<u> </u>	113,428,823.	43,083,684.	0.	1,668,803.

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### 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).

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	( <b>D</b> )
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,116,073.	11,116,073.		
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	30,371,321.	30,371,321.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,810,190.	6,103,592.	494,026.	212,572
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,543,017.	18,051,205.	2,441,339.	1,050,473
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	983,118.	800,739.	117,365.	65,014
9	Other employee benefits	1,907,849.	1,553,923.	227,760.	126,166
10	Payroll taxes	1,766,737.	1,438,989.	210,914.	116,834
11	Fees for services (nonemployees):				
а	Management				
b	Legal	544,684.	450,896.	86,916.	6,872
С	Accounting	215,512.	178,404.	34,389.	2,719
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	27,671.	22,907.	4,415.	349
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	25,042,839.	20,730,774.	3,996,107.	315,958
12	Advertising and promotion	36,061.	29,852.	5,754.	455
13	Office expenses	2,307,683.	1,972,483.	257,495.	77,705
14	Information technology	753,344.	627,817.	89,965.	35,562
15	Royalties	T00 545	504 065	224 252	02.201
16	Occupancy	729,515.	501,265.	204,869.	23,381
17	Travel	69,005.	65,060.	2,265.	1,680
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	202 524	245 622		
19	Conferences, conventions, and meetings	228,694.	215,620.	7,507.	5,567
20	Interest	213,381.	168,637.	35,668.	9,076
21	Payments to affiliates	1 450 600	1 020 274	162 700	CE E40
22	Depreciation, depletion, and amortization	1,459,690.	1,230,374.	163,798.	65,518
23	Insurance	338,623.	125,861.	212,762.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSES	2,779,887.		2,779,887.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	109,244,894.	95,755,792.	11,373,201.	2,115,901
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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## Form 990 (2021) Part X | Balance Sheet

Part	Х	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	9,539,133.	1	16,895,079		
	2	Savings and temporary cash investments			1,464,571.	2	425,620
	3	Pledges and grants receivable, net			10,091,941.	3	12,903,12
	4	Accounts receivable, net			10,253,249.	4	5,726,65
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of th	ese perso	onsL		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Down and all assessment and all affectives at all assessment			778,878.	9	2,360,96
•	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	56,968,870.			
	b	Less: accumulated depreciation	. 10b	33,863,645.	24,483,099.	10c	23,105,22
-	11	Investments - publicly traded securities			15,825,072.	11	12,697,90
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
•	14	Intangible assets			275,000.	14	275,00
•	15	Other assets. See Part IV, line 11			9,251,215.	15	9,421,01
	16	Total assets. Add lines 1 through 15 (must equal line 33)			81,962,158.	16	83,810,59
-	17	Accounts payable and accrued expenses	11,584,541.	17	13,272,94		
•	18	Grants payable				18	
-	19	Deferred revenue			4,346,666.	19	7,353,53
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D	6,775,399.	21	7,451,54
ဖွ 2	22	Loans and other payables to any current or for	mer offic	er, director,			
<u> </u>		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th		22			
<b>-</b>   2	23	Secured mortgages and notes payable to unre	d parties	1,620,908.	23	351,749	
2	24	Unsecured notes and loans payable to unrelated third parties			4,841,489.	24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			14,912,368.	25	8,352,304
- 12	26			<b>.</b>	44,081,371.	26	36,782,07
ر س		Organizations that follow FASB ASC 958, ch	neck here				
ا ۋ		and complete lines 27, 28, 32, and 33.			1 050 000		11 525 27
<u>ਭੂ</u>   3	27	Net assets without donor restrictions			1,950,089.	27	11,525,27
2 2	28	Net assets with donor restrictions			35,930,698.	28	35,503,24
<u> </u>		Organizations that do not follow FASB ASC 958, check here					
<u>_</u>		and complete lines 29 through 33.					
) S	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			27 000 707	31	47 000 50
_	32	Total net assets or fund balances			37,880,787.	32	47,028,521
:	33	Total liabilities and net assets/fund balances			81,962,158.	33	83,810,591 Form <b>990</b> (202

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

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Nam	Name of the organization Employer identification numbers					r identification number			
	UNITED WAY WORLDWIDE 13-1635294						13-1635294		
Pa	rt I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	Ш	A church, convention of ch	urches, or association	on of churches described	in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)				
3	Ш	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6	Щ	A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-	ntial part of its support for	rom a gove	ernmental	unit or from th	ne general <sub>l</sub>	public described in
		section 170(b)(1)(A)(vi). (C	•						
8	Щ	A community trust describe			•				
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
	$\overline{}$	university:							
10	Ш	An organization that norma							
		activities related to its exen		•					-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	arter June 30, 1975.
11		See section 509(a)(2). (Con An organization organized a	•	ivaly to toot for public as	foty Coo	cootion E(	00(a)(4)		
12	H	An organization organized a	•	•	•			rn/ out the	nurnoses of one or
12	ш	more publicly supported or	•	•	-			•	
		lines 12a through 12d that	~						SHOOK THE BOX OH
а		Type I. A supporting orga	* *			-		-	aivina
u		the supported organization	•	·		_			
		organization. You must o							
b		Type II. A supporting org			ion with it	s supporte	ed organizatio	n(s), by hav	/ina
		control or management o	· ·				-		-
		organization(s). You mus			•				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	<b>/ integrated.</b> A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness
		requirement (see instructi	ions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information  i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmanatani	(vi) Amount of other
	,	organization	(II) EIN	(described on lines 1-10	in your govern	ing document?	support (see ir	•	support (see instructions)
		organization		above (see instructions))	Yes	No	cappert (ccc ii		
						-			
						<del>                                     </del>			
									+

Schedule A (Form 990) 2021 UNITED WAY WORLDWIDE 13-1635294 Page 2

### 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	tion A. Public Support	, , , , , , , , , , , , , , , , , , ,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(=, == : :	(3) = 2 · 2	(-)	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	136,340,447.	174,461,785.	196,680,596.	203,785,891.	68,676,336.	779,945,055.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	136,340,447.	174,461,785.	196,680,596.	203,785,891.	68,676,336.	779,945,055.
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)						52,414,278.
	Public support. Subtract line 5 from line 4.						727,530,777.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	136,340,447.	174,461,785.	196,680,596.	203,785,891.	68,676,336.	779,945,055.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,462,050.	1,453,755.	1,371,323.	1,051,479.	937,907.	6,276,514.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10					T	786,221,569.
	Gross receipts from related activities,					12	226,979,646.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	. $\square$
0	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi			. (0)			02.54
	Public support percentage for 2021 (I					14	92.54 % 89.93 %
	Public support percentage from 2020					15	,,,
ıba	33 1/3% support test - 2021. If the content have The expenientian qualifies						▶ ▼
<b>L</b>	stop here. The organization qualifies		~		line 15 in 22 1/20/		
D	33 1/3% support test - 2020. If the condition have						
170	and <b>stop here.</b> The organization qual						
ı/a	a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	· ·			=	vaanization	•	ightharpoonup
L	meets the facts-and-circumstances te	· ·	•			72. and line 15 is:	
D	10% -facts-and-circumstances test more, and if the organization meets the companion of t	-					10/0 UI
	organization meets the facts-and-circu				-		ightharpoonup
12	<b>Private foundation.</b> If the organization		-				
10	i invate iounidation. Il the organizatio	in did flot Clieck a l	JOA 011 1111E 13, 106	a, 100, 11a, 01 17b	י, טווכטת נוווס טטא מו	ia see iristructions	·

#### Schedule A (Form 990) 2021 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	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						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

Schedule A (Form 990) 2021

Page 3

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### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 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 <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No 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. 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations N<u>o</u> Yes 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? 1 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 <u>supported organizations played in this regard</u> 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). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. 2a 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 2b 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. За 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.

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	r age <b>o</b>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued</sub>	<u>d)</u>			
Secti	on D - Distributions				Current Year		
_1_	Amounts paid to supported organizations to accomplish exempt purposes 1						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide 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	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		1	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	c From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i_	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
	Breakdown of line 7:			$\dashv$			
	Excess from 2017						
	Excess from 2018						
	Excess from 2019  Excess from 2020						
	Excess from 2020  Excess from 2021						
e	Excess from 2021						

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

UNITED WAY WORLDWIDE 13-1635294						
Organization type (check or	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	,				
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I line 1. Complete Parts I and II.	d that received from any one				
contributor, during literary, or education	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 <b>General Rule</b> 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 inswer "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 hat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Name of organization

Employer identification number

UNITED WAY WORLDWIDE

13-1635294

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d)  Total contributions Type of contribution
5	INGING, AUG 655, AND LIF T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	Name, audress, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY WORLDWIDE

13-1635294

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$1,766,752.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$1,700,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 1,529,832.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
11 11	Name, address, and ZIP + 4	\$ 1,495,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4	\$ 4,902,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY WORLDWIDE

13-1635294

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III.		1-	
wam	ne of organization			Emp	loyer identification number
<b>D</b> -		Y WORLDWIDE			13-1635294
Ра	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political camp	litures		<b>&gt;</b> \$	·
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise ta	x incurred by the organization und	der section 4955	<b>&gt;</b> \$	<b>:</b>
2	Enter the amount of any excise ta	x incurred by organization manag	ers under section 4955	<b>▶</b> \$	i
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV.				
		ganization is exempt und			
	Enter the amount directly expende				
2	Enter the amount of the filing orga		J		
	exempt function activities				·
3	Total exempt function expenditure		,		
_	line 17b				
	3 3				
5	Enter the names, addresses and emade payments. For each organize				
	contributions received that were	· · · · · · · · · · · · · · · · · · ·	~ ~		•
	political action committee (PAC).			•	99
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
					If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021 UNITED WAY WORLDWIDE 13-1635294 Page 2

		on is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).  heck  if the filing organization belon-	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
	expenses, and share of exces		5	,
вс	. — ' '	red box A and "limited control" provisions apply.		
	Limits on Lobl	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	101,597.	
	Total lobbying expenditures to influence a leg		273,041.	
С	, , ,	d 1b)	374,638.	
d		,	108,870,256.	
	Total exempt purpose expenditures (add line		109,244,894.	
	Lobbying nontaxable amount. Enter the amo	· · · · · · · · · · · · · · · · · · ·	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
		a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	f the five columns be	low.
	Lobi	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.	
c Total lobbying expenditures	338,624.	347,512.	375,750.	374,638.	1,436,524.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures	107,715.	94,241.	101,898.	101,597.	405,451.	

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

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	,,
or the i	lobbying activity.	Yes	No	Amo	ount
1 [	During the year, did the filing organization attempt to influence foreign, national, state, or				
le	ocal legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a ∖	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f(	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2 FO1/a\/F\	0r 000	tion	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(5),	, or sec	LION	
art	30 1(0)(0).				
art	301(0)(0).			Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		. 1	Yes	N
<b>1</b> V				Yes	N
2 [ 3 [	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5),	2 3 or sec	tion	
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members	e prior year? n 501(c)(5), No" OR (b	3 , or sec ) Part I	tion	
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5), No" OR (b	3 , or sec ) Part I	tion	
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5), No" OR (b	g 3 , or sec ) Part I	tion	
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	e prior year? 1 501(c)(5), No" OR (b	2 3 , or sec ) Part I	tion	
1 \ \V2 \ \[ \] 2 \ \( \] 2 \ \( \] 3 \ \( \] 2 \ \( \] 6 \ \( \] 4 \ \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 6 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7 \( \] 7	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	e prior year? n 501(c)(5), No" OR (b	2 3 , or sec ) Part I	tion	
1 \ \V2 \ \cdot \c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	e prior year? n 501(c)(5), No" OR (b	2 3 or sec ) Part I	tion	
1 V 2 [ 3 [ 2 c 4 c l 5 c l 3 /	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? 1 501(c)(5), No" OR (b	2 3 or sec ) Part I	tion	3, is
11 V 22 [ 33 [ 2art] 11 [ 22 S 6	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year?  1 501(c)(5),  No" OR (b	2 3 or sec ) Part I	tion	
11 V 2 [ 33 [ 33 [ 34 ] ] ]   11 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are section section of the excellence of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political campaign activity expenditures reactions?	e prior year?  1 501(c)(5),  No" OR (b	2 3 or sec ) Part I	tion	
11 V 2 [ 33 [ 33 [ 34 ] ] ]   11 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]   12 [ 34 ]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year?  1 501(c)(5),  No" OR (b	2 3 or sec ) Part I	tion	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY WORLDWIDE

**Employer identification number** 

13-1635294

Pai	organizations Maintaining Donor Adviser		or Accounts. Complete if the
	organization answered Tes On Torri 990,1 artiv, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	59	
2	Aggregate value of contributions to (during year)	12,210,633.	
3	Aggregate value of grants from (during year)	11,031,474.	
4	Aggregate value at end of year	7,762,422.	
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Da			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	<del></del>	
	Preservation of land for public use (for example, recrea	· —	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 qualif day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
_			
	Total propage restricted by consequentian assembles		•
	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		l l
3	Number of conservation easements modified, transferred, rel		
•	year ▶	oucou, changaioneu, cristininuteu e, and	organization daming the tank
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
Da	organization's accounting for conservation easements.	Art Historical Transcrives or Ot	hay Cincilay Assats
Pal	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	·
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art, historical treations are the companied or held works of art and historical treations.	acurae or other cimilar accate for financia	
~	the following amounts required to be reported under FASB A		i gairi, provide
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,102,080.		2,102,080.
<b>b</b> Buildings		41,560,870.	21,362,179.	20,198,691.
c Leasehold improvements				0.
<b>d</b> Equipment		8,023,017.	7,751,469.	271,548.
e Other		5,282,903.	4,749,997.	532,906.
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				

Schedule D (Form 990) 2021 UNITED WAY WORLDW	VIDE	13	-1635294 P	age 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market valu	e
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market valu	е
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book value	<del></del>
(1) CUSTODIAL FUNDS (EFSP, YOURCAUSE, FROM	NTSTREAM)		7,005,	,386.
(2) OTHER ASSETS			1,055,	,530.
(3) CASH VALUE OF LIFE INSURANCE			478,	,560.
(4) CHARITABLE GIFT ANNUITY			446,	,156.
(5) DEFERRED COMPENSATION CUSTODIAL ASSETS	S		435,	,384.
(6)			,	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	<b>•</b>	9,421,	,016.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION	4,437,681.
(3) NOTES PAYABLE TO UNITEDWAY MEMBERS	2,220,000.
(4) POST RETIREMENT BENEFITS	1,217,656.
(5) OTHER CURRENT LIABILITIES	476,967.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,352,304.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1				1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		nrealized gains (losses) on investments	2a	-	
b		ed services and use of facilities	2b		
С		eries of prior year grants		-	
d		(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>		2e	
3		act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a		ment expenses not included on Form 990, Part VIII, line 7b		-	
b		(Describe in Part XIII.)	4b	-	
_C		nes <b>4a</b> and <b>4b</b>		4c	
5 Dai	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stateme	nte With Evnances per l	5 Poturn	
Га	I VII		iits with Expenses per r	netuiii.	,
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Т. Г	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
a		ed services and use of facilities	2a	-	
b		vear adjustments	2b	-	
С		losses	2c	-	
d		(Describe in Part XIII.)		-	
_		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a		ment expenses not included on Form 990, Part VIII, line 7b		-	
b		(Describe in Part XIII.)		10	
		nes 4a and 4b		4c	
Pa	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.		] 3 ]	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h and 2h: Part V line /	I· Part X	line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi		r, r art A,	iiile 2, i ait Xi,
100	Za una	The state of the s	ona momation.		
PART	IV.	LINE 2B:			
EXPI	JANATI	ON OF ESCROW AGREEMENT			
IN 1	.983,	A NATIONAL BOARD WAS CONVENED TO OVERSEE DISTRIBUTION OF 1	FUNDS		
THRO	OUGH T	HE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP), A SEPARATE			
		<u> </u>			
CONG	RESSI	ONALLY AUTHORIZED PROGRAM OF DEPARTMENT OF HOMELAND SECUR.	ITY'S		
FEDE	ERAL E	MERGENCY MANAGEMENT AGENCY (FEMA), AND UWW WAS APPOINTED I	FISCAL		
		·			
AGEN	IT. AS	FISCAL AGENT, UWW IS THE CUSTODIAN OF THE FUNDS AND IS			
		·			
RESE	ONSIB	LE FOR THE ADMINISTRATION AND DISBURSEMENT OF GRANTS AS D	IRECTED		
ву 1	HE NA	TIONAL BOARD. EFSP IS NOT CONSOLIDATED INTO THE ORGANIZAT	ion's		
FINA	NCIAL	STATEMENTS. SINCE 1983, U.S. CONGRESS HAS ALLOCATED MORE	THAN		
\$ <b>4.</b> 5	0 BIL	LION TO THE FEMA TO PROVIDE EMERGENCY FOOD AND SHELTER TO	NEEDY		
типт	VTDIJA	LS THROUGHOUT THE COUNTRY. UWW CHARGED CERTAIN ADMINISTRA	TTVE		

#### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

**Employer identification number** 

UNITED WAY WORLDWIDE 13-1635294 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 GRANTMAKING 461,481. EAST ASTA AND THE PACIFIC GRANTMAKING 3,343,501. 2 4 EUROPE (INCLUDING ICELAND & GREENLAND) 1 4 GRANTMAKING 4,897,753. 3 GRANTMAKING SOUTH AMERICA 0 1,765,728. MIDDLE EAST AND NORTH AFRICA 0 0 GRANTMAKING 217,551. NORTH AMERICA 0 GRANTMAKING 817,158. RUSSIA AND NEIGHBORING STATES 0 0 GRANTMAKING 204,030. SOUTH ASIA 0 0 GRANTMAKING 18,117,002. 4 12 29,824,204. 3 a Subtotal **b** Total from continuation 0 5,934,875. sheets to Part I ...... Totals (add lines 3a

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

Schedule F (Form 990) 2021

35,759,079.

and 3b)

Schedule F (Form 990) UNITED WAY WORLDWIDE 13-1635294 Page 1

Schedule F (Form 990)	UNITED WAY W			13-1635294	Page
Part I Continuation	on of Activitie	s per Region	Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	1	GRANTMAKING		547,117
UB-SAHARAN AFRICA	0	0	INVESTMENTS		5,387,758
					, ,
_					
Totals	•	1			5,934,875

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EDUCATION	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION	424,000.	WIRE TRANSFER	0.		
			HEALTH & HUMAN	12 000	MIDE MDANGEED	0		
			SERVICES HUMAN & SOCIAL	13,000.	WIRE TRANSFER	0.		
			SERVICES, DISASTER					
		CENTRAL AMERICA &	-					
			SAFETY	28,944.	WIRE TRANSFER	0.		
			COMMUNITY	,				
			DEVELOPMENT,					
			EDUCATION, GENERAL					
		EUROPE	CHARITABLE	465,970.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
			PUBLIC SAFETY	75,000.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS	17,335.	WIRE TRANSFER	0.		
			NUTRITION / FOOD					
			SECURITY	20.000.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

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Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021

Scriedule F (Form 990)								Faye Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
	,					assistance	2333121100	appraisal, other)
		EUROPE	EDUCATION	100,000.	WIRE TRANSFER	0.		
		RUSSIA &						
		NEIGHBORING	DISASTER RELIEF &	174 020	MIDE MDANGEED	0		
		STATES	PUBLIC SAFETY	1/4,030.	WIRE TRANSFER	0.		+
		EAST ASIA &	NUTRITION / FOOD					
		PACIFIC	SECURITY	10,000.	WIRE TRANSFER	0.		
			NUTRITION / FOOD			_		
		NORTH AMERICA	SECURITY	23,710.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
		SOUTH AMERICA	OPERATIONS	13.575.	WIRE TRANSFER	0.		
				,				
			EDUCATION, GENERAL					
		SOUTH AMERICA	CHARITABLE OPERATIONS	78,269.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	ENVIRONMENT	20 000	WIRE TRANSFER	0.		
		11101110		20,000.	WINE HUMBIEN			
			INCOME / POVERTY					
		SOUTH AMERICA	REDUCTION	35,000.	WIRE TRANSFER	0.		
			NUTRITION / FOOD	050.005				
		NORTH AMERICA	SECURITY	250,000.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NUTRITION / FOOD					
		NORTH AMERICA	SECURITY	40,000.	WIRE TRANSFER	0.		
			HUMAN & SOCIAL					
		EUROPE	SERVICES, EDUCATION	150,000.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
		EUROPE	OPERATIONS	10,000.	WIRE TRANSFER	0.		
			HUMAN & SOCIAL					
		NORTH AMERICA	SERVICES	10,000.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	17,075.	WIRE TRANSFER	0.		_
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	16,876.	WIRE TRANSFER	0.		
			HUMAN & SOCIAL					
		NORTH AMERICA	SERVICES	8,122.	WIRE TRANSFER	0.		<del> </del>
			HUMAN & SOCIAL					
		NORTH AMERICA	SERVICES	13,417.	WIRE TRANSFER	0.		<del> </del>
		SOUTH AMERICA	EDUCATION	21,000.	WIRE TRANSFER	0.		

Schedule F (Form 990) UNITED WAY WORLDWIDE 13-1635294 Page 2

Scriedule F (FOITH 990								raye z
Part II Continua	ntion of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	_
1 (a) Name of organiz	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM\
(a) Name of Organiz	and EIN (if applicable)	(c) Negion	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		EAST ASIA &						
		PACIFIC	HEALTH	17,000.	WIRE TRANSFER	0.		
				, -		-		
		EAST ASIA &						
		PACIFIC	COMMUNITY DEVELOPMENT	45,000.	WIRE TRANSFER	0.		
		EUROPE	EDUCATION	40,000.	WIRE TRANSFER	0.		
			HEALTH, EDUCATION,					
			NUTRITION, FOOD					
		EAST ASIA &	SECURITY, HUMAN &					
		PACIFIC	SOCIAL SERVICES,	126,721.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	HEALTH	10,818.	WIRE TRANSFER	0.		
		EIDODE	ENTITONMENT	10 000	MIDE MDANGEED	0		
		EUROPE	ENVIRONMENT	10,800.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	15 000	WIRE TRANSFER	0.		
		TOTAL TRIBUTE		13,000.	WIRE HUMBER	· ·		
			EDUCATION, COMMUNITY					
		SOUTH AMERICA	DEVELOPMENT	183.077.	WIRE TRANSFER	0.		
				= 1 1 , 1 1 1 1				
		EAST ASIA &						
		PACIFIC	HEALTH	2,000,000.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NUTRITION / FOOD					
			SECURITY, DISASTER					
			RELIEF & PUBLIC					
		SOUTH AMERICA	SAFETY	306,714.	WIRE TRANSFER	0.		
		MIDDLE EAST &				_		
		NORTH AFRICA	HEALTH	54,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	10 000	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	10,000.	WIKE TRANSFER	0.		
		EUROPE	COMMUNITY DEVELOPMENT	37 000.	WIRE TRANSFER	0.		
				, , , , , ,				
		EAST ASIA &						
		PACIFIC	ENVIRONMENT	19,692.	WIRE TRANSFER	0.		
			EDUCATION & GENERAL	·				
			CHARITABLE					
			OPERATIONS, DISASTER					
		EUROPE	RELIEF & PUBLIC	51,910.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ARTS & HUMANITIES	28,095.	WIRE TRANSFER	0.		
			HUMAN & SOCIAL					
			SERVICES & GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	53,300.	WIRE TRANSFER	0.		
			ATTIMED THE TON / HOOD					
		NODER AMERICA	NUTRITION / FOOD	10 000	MIDE MDANGERS	_		
		NORTH AMERICA	SECURITY	10,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ARTS & HUMANITIES	30,000.	WIRE TRANSFER	0.		
		RUSSIA &						
		STATES	EDUCATION	7,000.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS	35,000.	WIRE TRANSFER	0.		
			NUTRITION / FOOD SECURITY, COMMUNITY					
			DEVELOPMENT, DISASTER					
		CARIBBEAN	RELIEF & PUBLIC	165,307.	WIRE TRANSFER	0.		
		CENTRAL AMERICA &	DISASTER RELIEF &					
			PUBLIC SAFETY	5,714.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE OPERATIONS, HEALTH,					
		NORTH AMERICA	EDUCATION, DISASTER RELIEF & PUBLIC	294 949.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE OPERATIONS	7 935.	WIRE TRANSFER	0.		
				,,,,,,,,,		3.		
			NUTRITION / FOOD	00 052	WIRE TRANSFER			
		PACIFIC	SECURITY	30,353.	WIRE TRANSFER	0.		+
		SOUTH ASIA	EDUCATION	20,000.	WIRE TRANSFER	0.		

<u>Schedule F (Form 990)</u> UNITED WAY WORLDWIDE 13-1635294 Page **2** 

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL CHARITABLE					
			OPERATIONS, DISASTER					
			RELIEF & PUBLIC					
		SOUTH AMERICA	SAFETY, INCOME/	43,281.	WIRE TRANSFER	0.		
			EDUCATION	245,551.	WIRE TRANSFER	0.		
			DISASTER RELIEF & PUBLIC SAFETY, INCOME/ POVERTY					
		THE CARIBBEAN	REDUCTION, COMMUNITY	36,664.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	12,000.	WIRE TRANSFER	0.		
			NUTRITION / FOOD SECURITY	24,826.	WIRE TRANSFER	0.		
			NUTRITION / FOOD SECURITY	9,485.	WIRE TRANSFER	0.		
		NORTH AMERICA	COMMUNITY DEVELOPMENT	25,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF & PUBLIC SAFETY	5,714.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE OPERATIONS	271,367.	WIRE TRANSFER	0.		

Scriedule F (FOITH 990)								Fage 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM)
	and Env (ii applicable)		grant	or cash grant	Cash dispursement	assistance	assistance	appraisal, other)
			GENERAL CHARITABLE					
		EUROPE	OPERATIONS	20,000.	WIRE TRANSFER	0.		
		L						
		EUROPE	EDUCATION	9,346.	WIRE TRANSFER	0.		
			CENEDAL CHADIMADLE					
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	6 689	WIRE TRANSFER	0.		
		NORTH AMERICA	OFERRITONS	0,003.	WIRE TRANSFER	0.		
		SUB-SAHARAN	GENERAL CHARITABLE					
		AFRICA	OPERATIONS	20,000.	WIRE TRANSFER	0.		
				,				
		EAST ASIA &	HUMAN & SOCIAL					
		PACIFIC	SERVICES	30,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	50,000.	WIRE TRANSFER	0.		
		EAST ASIA &	NUTRITION / FOOD	20.000				
		PACIFIC	SECURITY	30,000.	WIRE TRANSFER	0.		
			NIIMDIMION / FOOD					
			NUTRITION / FOOD SECURITY & GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	14 035	WIRE TRANSFER	0.		
		HORTH AMBRICA	CHERTIADES OF BRAITONS	14,033.	HILE INAMOPER	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	34 385.	WIRE TRANSFER	0.		
						•••		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA &	DISASTER RELIEF &					
			PUBLIC SAFETY	56,000.	WIRE TRANSFER	0.		
			EDUCATION, GENERAL					
			CHARITABLE OPERATIONS	33,750.	WIRE TRANSFER	0.		
		SUB-SAHARAN	GENERAL CHARITABLE					
			OPERATIONS	55,000.	WIRE TRANSFER	0.		
				,				
			TNGOME / DOMERTY					
		SOUTH AMERICA	INCOME / POVERTY REDUCTION	10 000.	WIRE TRANSFER	0.		
			HUMAN & SOCIAL	, -		-		
			SERVICES, DISASTER					
			RELIEF & PUBLIC SAFETY	170 000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	29 239	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	ENVIRONMENT	35 000	WIRE TRANSFER	0.		
		<del></del>		23,000.		3.		
		EAST ASIA & PACIFIC	EDUCATION	10 000	WIRE TRANSFER	0.		
		11101110	LD001111014	10,000.	WIND INDIVIDUE	0.		
		EAST ASIA &	EDUCATION	10 000	MIDE MDANGEED	0		
		PACIFIC	EDUCATION	19,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA &	DISASTER RELIEF &					
			PUBLIC SAFETY	9,400.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS	35,035.	WIRE TRANSFER	0.		
				,				
			NUTRITION / FOOD SECURITY	40 000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	EDUCATION	40 552	WIRE TRANSFER	0.		
		FACIFIC	EDUCATION	40,332.	WIKE TRANSFER	0.		
			DISASTER RELIEF &					
		PACIFIC	PUBLIC SAFETY	284,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
		SOUTH ASIA	PUBLIC SAFETY	266,667.	WIRE TRANSFER	0,		
		MIDDLE EAST &	EDUCATION, NUTRITION					
		NORTH AFRICA	/ FOOD SECURITY	75,500.	WIRE TRANSFER	0.		
			EDUCATION, GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	9,377.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS, DISASTER RELIEF & PUBLIC					
			SAFETY	46,500.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			INCOME / POVERTY					
			REDUCTION	174,480.	WIRE TRANSFER	0.		
				,				
		EAST ASIA & PACIFIC	COMMUNITY DEVELOPMENT	10 025	WIRE TRANSFER	0.		
		FACIFIC	COMMONITI DEVELOPMENT	10,025.	WIKE TRANSFER	0.		
		EUROPE	HEALTH	9,346.	WIRE TRANSFER	0.		
		NORTH AMERICA	COMMUNITY DEVELOPMENT	10,000.	WIRE TRANSFER	0.		
		EAST ASIA &	INCOME / POVERTY					
		PACIFIC	REDUCTION	21,226.	WIRE TRANSFER	0.		
				, -		-		
		EAST ASIA &		10.000				
			EDUCATION DISASTER RELIEF &	10,000.	WIRE TRANSFER	0.		
			PUBLIC SAFETY,					
			INCOME/ POVERTY					
		SOUTH ASIA	REDUCTION	161,000.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	COMMUNITY DEVELOPMENT	45,668.	WIRE TRANSFER	0.		
			D. G. G. G. D.					
			DISASTER RELIEF & PUBLIC SAFETY	380 000	WIRE TRANSFER	0.		
		POOTH ASIA	TODDIC BAFEII	300,000.	MINE INVISEE	١. ٠		<u> </u>

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r age z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	ENVIRONMENT	125,000.	WIRE TRANSFER	0.		
			INCOME / POVERTY REDUCTION, GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	23,951.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE OPERATIONS	25,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
		PACIFIC	PUBLIC SAFETY	15,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ANIMAL WELFARE	10,000.	WIRE TRANSFER	0.		
			NUTRITION / FOOD SECURITY					
		EAST ASIA & PACIFIC	/ENVIRONMENT/ INCOME/ POVERTY	68,000.	WIRE TRANSFER	0.		
				400 000	WIDE MDANGEED			
		EUROPE	HEALTH	480,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
			PUBLIC SAFETY	10,000.	WIRE TRANSFER	0.		
			EDUCATION, HUMAN & SOCIAL SERVICES	40,340.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	GENERAL CHARITABLE					
			OPERATIONS	25,000.	WIRE TRANSFER	0.		
			INCOME / POVERTY					
			REDUCTION & GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	42,516.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS	39,762.	WIRE TRANSFER	0.		
		NORTH AMERICA	 HEALTH	50,000.	WIRE TRANSFER	0.		
				,				
			GENERAL CHARITABLE OPERATIONS	15 000	WIRE TRANSFER	0.		
		LOKOT II	OT HATTIONS	13,000.	WIRE HUMBIER	0.		+
			GENERAL CHARITABLE	10.000		0		
		NORTH AMERICA	OPERATIONS	10,000.	WIRE TRANSFER	0.		+
			INCOME / POVERTY					
		EUROPE	REDUCTION	118,182.	WIRE TRANSFER	0.		
		EAST ASIA &	DISASTER RELIEF &					
		PACIFIC	PUBLIC SAFETY	25,000.	WIRE TRANSFER	0.		
		EUROPE	HEALTH	50,000.	WIRE TRANSFER	0.		

Scriedule F (I		011111							raye i
Part II (	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1		(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name o	of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	non-cash	of non-cash	valuation (book, FM
		and Ent (ii approadic)		grant	or odorr grant	odori diobarcoment	assistance	assistance	appraisal, other)
				GENERAL CHARITABLE					
				OPERATIONS, DISASTER					
			EAST ASIA &	RELIEF & PUBLIC					
			PACIFIC	SAFETY	69,250.	WIRE TRANSFER	0.		
				GENERAL CHARITABLE					
				OPERATIONS, DISASTER					
				RELIEF & PUBLIC					
			NORTH AMERICA	SAFETY	5.410.	WIRE TRANSFER	0.		
					, -				
				DISASTER RELIEF &					
			SOUTH ASIA	PUBLIC SAFETY	350 000	WIRE TRANSFER	0.		
			SUB-SAHARAN	GENERAL CHARITABLE					
			AFRICA	OPERATIONS	25 000	WIRE TRANSFER	0.		
			AFRICA	OPERATIONS	25,000.	WIKE IKANSFEK	0.		
			L	DISASTER RELIEF &		L			
			EUROPE	PUBLIC SAFETY	28,334.	WIRE TRANSFER	0.		
				DISASTER RELIEF &					
			NORTH AMERICA	PUBLIC SAFETY	25,690.	WIRE TRANSFER	0.		
			SOUTH ASIA	EDUCATION	70,000.	WIRE TRANSFER	0.		
			EAST ASIA &						
			PACIFIC	EDUCATION	31,000.	WIRE TRANSFER	0.		
					,				
			I		1	1			1
			EAST ASIA &						

Schedule F (Form 990)								raye z
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	non-cash	of non-cash	valuation (book, FM\
	and Lin (ii applicable)		grant	or casir grant	Casii disbuisement	assistance	assistance	appraisal, other)
		EAST ASIA &						
		PACIFIC	EDUCATION	44 000	WIRE TRANSFER	0.		
				11,000.				
		EAST ASIA &						
		PACIFIC	ENTITONMENT	30 000	MIDE MDANGEED	ا م		
		PACIFIC	ENVIRONMENT	30,000.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	ENVIRONMENT	30,000.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	ENVIRONMENT	24,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENVIRONMENT	10,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &	,				
			PUBLIC SAFETY,					
			INCOME/ POVERTY					
		SOUTH ASIA	REDUCTION	75 000	WIRE TRANSFER	0.		
			NID COLLON	75,000.	WIRE HUMBIER	9.		
				50.000				
		SOUTH ASIA	EDUCATION	52,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION	50,000.	WIRE TRANSFER	0.		
		EAST ASIA &	GENERAL CHARITABLE					
		PACIFIC	OPERATIONS	30,000.	WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EDUCATION & GENERAL					
		EUROPE	CHARITABLE OPERATIONS	24,909.	WIRE TRANSFER	0.		
			INCOME / POVERTY					
			REDUCTION	18,692.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS	40,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
			PUBLIC SAFETY	24,375.	WIRE TRANSFER	0.		
			INCOME / POVERTY					
			REDUCTION	674,100.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	10,000.	WIRE TRANSFER	0.		
		EUROPE	EDUCATION	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	DISASTER RELIEF &					
			PUBLIC SAFETY	236,681.	WIRE TRANSFER	0.		
		EAST ASIA &						
			EDUCATION	46,000.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	HUMAN & SOCIAL					
		AFRICA	SERVICES	30,000.	WIRE TRANSFER	0.		
			ENVIRONMENT & GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	21,948.	WIRE TRANSFER	0.		
				,				
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	NUTRITION / FOOD SECURITY	10 000	WIRE TRANSFER	0.		
		NORTH AMERICA	BECKITI	10,000.	WIKE IKANSPEK	0.		
		NODELL AMEDICA	GENERAL CHARITABLE	14 770	WIDE MDANGEED	0		
		NORTH AMERICA	OPERATIONS	14,779.	WIRE TRANSFER	0.		
			HEALTH / GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	10,421.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
		EUROPE	OPERATIONS	107,820.	WIRE TRANSFER	0,		
		EAST ASIA &						
		PACIFIC	HEALTH	12,042.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	ENVIRONMENT	9,937.	WIRE TRANSFER	0.		

Scriedule F (FOITH 990)								raye <b>z</b>
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
(-)	and EIN (if applicable)	(-, 3	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
			DISASTER RELIEF &					
		SOUTH AMERICA	PUBLIC SAFETY	89,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &	, -		-		
			PUBLIC SAFETY,					
			EDUCATION, GENERAL					
		SOUTH AMERICA	CHARITABLE OPERATIONS	212,714.	WIRE TRANSFER	0.		
			EDUCATION & GENERAL	,				
			CHARITABLE					
			OPERATIONS, DISASTER					
		NORTH AMERICA	RELIEF & PUBLIC	104,770.	WIRE TRANSFER	0.		
			EDUCATION, DISASTER					
		SUB-SAHARAN	RELIEF & PUBLIC					
		AFRICA	SAFETY	19,800.	WIRE TRANSFER	0.		
		SUB-SAHARAN	DISASTER RELIEF &					
		AFRICA	PUBLIC SAFETY	16,050.	WIRE TRANSFER	0.		
			EDUCATION & GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	42,374.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
			OPERATIONS, DISASTER					
			RELIEF & PUBLIC					
		EUROPE	SAFETY	26,936.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	392,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
		SOUTH ASIA	PUBLIC SAFETY	207,993.	WIRE TRANSFER	0.		

Part II Continuation of	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EDUCATION & GENERAL					
			CHARITABLE					
			OPERATIONS, DISASTER					
		SOUTH ASIA	RELIEF & PUBLIC	9,238,627.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
		SOUTH ASIA	PUBLIC SAFETY	475,459.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
			PUBLIC SAFETY	316,056.	WIRE TRANSFER	0.		
			EDUCATION, COMMUNITY					
			DEVELOPMENT, DISASTER					
			RELIEF & PUBLIC					
		SOUTH ASIA	SAFETY	2,604,191.	WIRE TRANSFER	0.		
			DISASTER RELIEF &					
		SOUTH ASIA	PUBLIC SAFETY	2,463,133.	WIRE TRANSFER	0.		
		CENTRAL AMERICA &		0.000	WILDE WEARIGHED			
		THE CARIBBEAN	PUBLIC SAFETY	9,999.	WIRE TRANSFER	0.		<del> </del>
			EDUCATION, DISASTER RELIEF & PUBLIC					
			SAFETY	447,422.	WIRE TRANSFER	0.		
				,				
			EDUCATION, DISASTER					
			RELIEF & PUBLIC					
		SOUTH AMERICA	SAFETY	28,694.	WIRE TRANSFER	0.		
			הדכאכתהם סהידהה י					
			DISASTER RELIEF & PUBLIC SAFETY	9 000	WIRE TRANSFER	0.		
		FORCEE	LODDIC SWLEII	3,000.	MIUT ILWNOLFK	l "•		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ago z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL CHARITABLE					
			OPERATIONS, DISASTER					
		SUB-SAHARAN	RELIEF & PUBLIC					
		AFRICA	SAFETY	110,000.	WIRE TRANSFER	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	75,000.	WIRE TRANSFER	0.		
			EDUCATION, DISASTER RELIEF & PUBLIC					
		EUROPE	SAFETY	41,092.	WIRE TRANSFER	0.		
		CENTRAL AMERICA &		5 814				
		THE CARIBBEAN	PUBLIC SAFETY	5,/14.	WIRE TRANSFER	0.		<del> </del>
			NUTRITION / FOOD SECURITY/ OPERATIONS/ COMMUNITY					
		EUROPE	DEVELOPMENT/	226,057.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	103,150.	WIRE TRANSFER	0.		
		EUROPE	DISASTER RELIEF & PUBLIC SAFETY	50,000.	WIRE TRANSFER	0.		
		EAST ASIA &						
		PACIFIC	EDUCATION	30,000.	WIRE TRANSFER	0.		
		EUROPE	EDUCATION		WIRE TRANSFER	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA &	NUTRITION / FOOD					
		PACIFIC	SECURITY	38,095.	WIRE TRANSFER	0.		
		EUROPE	EDUCATION	75,000.	WIRE TRANSFER	0.		
			DISASTER RELIEF &	422 222				
		SOUTH ASIA	PUBLIC SAFETY	133,333.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021 UNITED WAY WORLDWIDE 13-1635294 Page 4

Part IV	Foreign	<b>Forms</b>

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

## Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

GRANTEES ARE REQUIRED TO SUBMIT A NARRATIVE PROPOSAL AND BUDGET ABOUT THE

PROJECT FOR WHICH FUNDING IS BEING REQUESTED, IN ORDER TO BE CONSIDERED

FOR FUNDING. WHEN FUNDS ARE AWARDED, THE GRANTEE IS REQUIRED TO SIGN A

BINDING CONTRACT WHICH ESTABLISHES THE PURPOSE OF THE FUNDING AND

REQUIRES THE SUBMISSION OF AN INTERIM AND FINAL FINANCIAL REPORT, ALONG

WITH THE NARRATIVE REPORTS. DETAILING THE ACTUAL EXPENSES AND DESCRIBING

THE ACTUAL USAGE OF THE AWARDED FUNDS. THE FINANCIAL REPORTS MUST BE

SIGNED BY AUTHORIZED FINANCE PERSONNEL OF THE GRANTEE ORGANIZATION. THESE

REPORTS ARE THEN REVIEWED BY THE UNITED WAY WORLDWIDE MANAGER OVERSEEING

THE PROJECT(S), AND THEN COMPARED TO THE ORIGINAL PROPOSAL SUBMITTED WHEN

THE FUNDING WAS REQUESTED.

PART I, LINE 3:

INVESTMENT IN EAST ASIA AND THE PACIFIC

UNITED WAY WORLDWIDE HAS A 100% INVESTMENT IN UNITED WAY WORLDWIDE (ASIA)

LIMITED, A TAX EXEMPT ENTITY IN HONG KONG. SEE SCHEDULE R, PART II. AS A

WHOLLY OWNED SUBSIDIARY, INVESTMENT IN UNITED WAY (ASIA) LIMITED IS

CARRIED AT A VALUE OF \$0.00 AND ITS EXPENSES REPORTED AS FOREIGN GRANT

EXPENSE ON SCHEDULE F.

SCHEDULE F, PART I, LINE 3

METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS

RUSSIA AND NEIGHBORING STATES: OTHER

ALL OTHER REGIONS: ACCRUAL

Schedule F (Form 990) 2021

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
SCHEDULE F, PART II
POPULATION OF GRANTS TO ORGANIZATIONS OUTSIDE THE U.S.
SCHEDULE F, PART II, LINE 1 INCLUDES A LIST OF EACH INDIVIDUAL GRANT TO
THE ORGANIZATIONS THAT CUMULATIVELY RECEIVED MORE THAN \$5,000 FROM UWW.
SCHEDULE F, PART II, LINE 2 IS THE COUNT OF UNIQUE ORGANIZATIONS THAT
CUMULATIVELY RECEIVED MORE THAN \$5,000 IN 2021 FROM UWW.
SCHEDULE F, PART II, LINE 1
METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS
ALL REGIONS: ACCRUAL

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization  UNITED WAY WORLDWIDE							Employer identification number 13-1635294
Part I General Information on Grants a							13-1033294
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's propert II Grants and Other Assistance to	to substantiate the stance?	toring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than to the second sec	\$5,000. Part II can (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed.  (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
211 BIG BEND INC 1801 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	51-0201771	501(C)(3)	89,828.	0.			DISASTER RELIEF, HEALTH, HUMAN & SOCIAL SERVICES
211 INFORMATION AND RESOURCE CENTER - P.O. BOX 6683 - EUREKA, CA 95502	45-5092911	501(C)(3)	5,500.	0.			INCOME / POVERTY REDUCTION
2-1-1 ORANGE COUNTY 1505 E. 17TH STREET SUITE 108 SANTA ANA, CA 92705	33-0063532	501(C)(3)	56,006.	0.			HEALTH, DISASTER RELIEF
211 PALM BEACH TREASURE COAST, INC P.O. BOX 3588 - LANTANA, FL 33465-3588	23-7153017	501(C)(3)	25,000.	0.			HUMAN & SOCIAL SERVICES
211 WISCONSIN 2059 ATWOOD AVE MADISON, WI 53704	20-1376669	501(C)(3)	45,000.	0.			HUMAN & SOCIAL SERVICES, DISASTER RELIEF
ASSOCIATION OF LOUISIANA UNITED WAYS - P.O. BOX 3416 - BATON ROUGE, LA 70821	20-4586416	501(C)(3)	25,000.	0.			DISASTER RELIEF
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization.</li> </ul>	-	<del>-</del>	ne line 1 table				122.

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) BLACK RIVER UNITED WAY, INC. P.O. BOX 1065 GENERAL CHARITABLE GEORGETOWN, SC 29442-1065 57-0526145 501(C)(3) 7,000 0. OPERATIONS CAPE FEAR AREA UNITED WAY, INC. 5919 OLEANDER DRIVE, SUITE 115 GENERAL CHARITABLE WILMINGTON, NC 28403 56-0529949 501(C)(3) 6,980 0 OPERATIONS DELAWARE HELPLINE, INC. 625 N. ORANGE ST. 3RD FLOOR WILMINGTON, DE 19801 51-0376406 501(C)(3) 20,000 0. DISASTER RELIEF EDEN 18 R 570 B STREET 94-2339050 501(C)(3) 20,487. HAYWARD, CA 94541 0 HEALTH & HUMAN SERVICES FIRST CALL FOR HELP OF BROWARD INC. DBA 2-1-1 BROWARD - 250 NE 33 65-0589294 501(C)(3) STREET - OAKLAND PARK, FL 33334 0. DISASTER RELIEF 107,888, FRONTIER BEHAVIORAL HEALTH 107 SOUTH DIVISION ST SPOKANE WA 99202 91-0853801 501(C)(3) 0. HEALTH & HUMAN SERVICES 10,000 GRANITE UNITED WAY 22 CONCORD STREET, SUITE 2 DISASTER RELIEF, INCOME / MANCHESTER, NH 03101-1817 02-6006033 501(C)(3) POVERTY REDUCTION 60 000. 0. GREATER TWIN CITIES UNITED WAY HEALTH, HUMAN & SOCIAL SERVICES, GENERAL 404 S 8TH STREET CHARITABLE OPERATIONS MINNEAPOLIS, MN 55404-1027 41-1973442 501(C)(3) 37,756. 0. HEART OF WEST MICHIGAN UNITED WAY UW CENTER 118 COMMERCE AVENUE COMMUNITY ENGAGEMENT S.W., STE 100 - GRAND RAPIDS, MI GENERAL CHARITABLE 38-1360923 501(C)(3) OPERATIONS 49503-4106 5 850. 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) HELPLINE CENTER, INC. 1000 N WEST AVE. SUITE 310 HEALTH & HUMAN SERVICES. SIOUX FALLS, SD 57104-1314 23-7424387 501(C)(3) 112,868 0. DISASTER RELIEF IMPACT, INC. 6737 W. WASHINGTON STREET, SUITE 22 MILWAUKEE, WI 53214 39-0988784 501(C)(3) 10,000 0 HEALTH & HUMAN SERVICES INFO LINE OF SAN DIEGO COUNTY DBA 211 SAN DIEGO 3860 CALLE FORTUNADA STE 101 - SAN DIEGO, CA HEALTH, HUMAN & SOCIAL 92123 33-1029843 501(C)(3) 154,221 0. SERVICES, DISASTER RELIEF INFORMATION & REFERRAL FEDERATION OF LOS ANGELES COUNTY - DBA 211 LA HEALTH & HUMAN SERVICES. INCOME / POVERTY COUNTY 526 W LAS TUNAS - SAN 95-3510017 501(C)(3) REDUCTION GABRIEL, CA 91776 0 58,134. INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD. 95-2944459 501(C)(3) - CAMARILLO, CA 93012 0. 178,930, HEALTH & HUMAN SERVICES MASS211 46 PARK STREET 4TH FLOOR INCOME / POVERTY FRAMINGHAM, MA 01702 04-3514643 501(C)(3) 0. REDUCTION 15,000 METRO UNITED WAY P.O. BOX 4488 HEALTH, HUMAN, & SOCIAL 61-0444680 501(C)(3) SERVICES LOUISVILLE, KY 40204-0488 165 000. 0. MILE HIGH UNITED WAY, INC. P.O. BOX 5547 HEALTH & HUMAN & SOCIAL DENVER, CO 80217-9425 84-0404235 501(C)(3) 61,817. 0. SERVICES MONEY MANAGEMENT INTERNATIONAL. INC. - 14141 SOUTHWEST FREEWAY -HEALTH, HUMAN & SOCIAL SERVICES 54-1837741 501(C)(3) SUGAR LAND, NV 77478 60 000 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ211 PARTNERSHIP							
16 WING DRIVE SUITE 201							HEALTH, HUMAN & SOCIAL
CEDAR KNOLLS, NJ 07927	22-3338917	501(C)(3)	353,553.	0.			SERVICES
POLARIS							
P.O. BOX 65323							
WASHINGTON, DC 20035	03-0391561	501(C)(3)	100,000.	0.			HUMAN & SOCIAL SERVICES
RAPPAHANNOCK UNITED WAY, INC.							INCOME / POVERTY
3310 SHANNON PARK DRIVE							REDUCTION, HEALTH & HUMAN
FREDERICKSBURG, VA 22408	54-6042936	501(C)(3)	27,800.	0.			SERVICES
SIOUX EMPIRE UNITED WAY, INC.							
1000 N WEST AVE STE 120							GENERAL CHARITABLE
SIOUX FALLS, SD 57104-1314	46-0233701	501(C)(3)	33,250.	0.			OPERATIONS
SOLARI/CRISIS RESPONSE NETWORK,							HEALBH HIMAN C GOGTAL
INC 1275 W WASHINGTON STREET SUITE 108 - TEMPE, AZ 85281	26-0446321	501 (C) (3)	60,000.	0.			HEALTH, HUMAN & SOCIAL SERVICES
SOTTE TOO TEMPE, AZ 05201	20 0440321	301(0)(3)	00,000.	••			DERVICED
THE HUMAN TRAFFICKING LEGAL CENTER							
1030 15TH STREET NW #104B							
WASHINGTON, DC 20005	46-1349584	501(C)(3)	15,000.	0.			HUMAN & SOCIAL SERVICES
TREMENDOUS							
228 PARK AVE STE 62949							
NEW YORK, NY 10003	27-3255372	501(C)(3)	80,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY - SELMA & DALLAS COUNTY							
P.O. BOX 298							GENERAL CHARITABLE
SELMA, AL 36702-0298	63-0340874	501(C)(3)	25,360.	0.			OPERATIONS
,				- •			
UNITED WAY ASSOCIATION OF SOUTH							
CAROLINA - 914 RICHLAND STREET	F7 0515055	F01/G)/2)	10.000	•			DIGAGED DELICE
SUITE A200 - COLUMBIA, SC 29201	57-0515275	DUT(C)(3)	10,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BOULE AUSTIN, TX 78702-1340	7 74-1193439	501(C)(3)	84,000.	0.			HEALTH, HUMAN & SOCIAL SERVICES
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVE, SUITE 300 - DETROIT, MI 48226	20-3099071	501(C)(3)	39,500.	0.			HEALTH & HUMAN SERVICES, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF ALABAMA 8 COMMERCE STREET, SUITE 1140 MONTGOMERY, AL 36104	63-1095898	501(C)(3)	50,000.	0.			HEALTH
UNITED WAY OF BRAZORIA COUNTY P.O. BOX 1959 ANGLETON, TX 77516-1959	74-1362982	501(C)(3)	10,000.	0.			DISASTER RELIEF
UNITED WAY OF BUFFALO & ERIE COUNTY - 742 DELAWARE AVE BUFFALO, NY 14209-2295	16-0743969	501(C)(3)	20,160.	0.			INCOME / POVERTY REDUCTION, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF CALHOUN COUNTY P.O. BOX 571 PORT LAVACA, TX 77979-0571	74-6021994	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT
UNITED WAY OF CALIFORNIA 1107 FAIR OAKS AVENUE, SUITE 12 SOUTH PASADENA, CA 91030	94-1646369	501(C)(3)	611,000.	0.			COMMUNITY ENGAGEMENT, HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL & SOUTHERN UTAH - P.O. BOX 135 - PROVO, UT 84603-0135	94-2851681	501(C)(3)	42,500.	0.			HEALTH, HUMAN & SOCIAL SERVICES, INCOME / POVERTY REDUCTION
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL ST HARTFORD, CT 06106-1374	06-0646653	501(C)(3)	75,850.	0.			COMMUNITY ENGAGEMENT, INCOME / POVERTY REDUCTION, GENERAL CHARITABLE OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ago
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL GEORGIA, INC 277 MARTIN LUTHER KING JR							HEALTH & HUMAN SERVICES,
BLVD STE 301 - MACON, GA							GENERAL CHARITABLE
31202-1302	58-0639811	501(C)(3)	51,620.	0.			OPERATIONS
UNITED WAY OF CENTRAL MARYLAND							
P.O. BOX 1576							HEALTH, HUMAN, & SOCIAL
BALTIMORE, MD 21203	52-0591543	501(C)(3)	41,387.	0.			SERVICES
UNITED WAY OF CENTRAL NEW MEXICO							
2340 ALAMO AVE, SE 2ND FL.							HEALTH, GENERAL
ALBUQUERQUE, NM 87106	85-0277138	501(C)(3)	129,750.	0.			CHARITABLE OPERATIONS
UNITED WAY OF CENTRAL OHIO							EDUCATION, COMMUNITY
360 S 3RD ST							ENGAGEMENT, GENERAL
COLUMBUS, OH 43215-5412	31-4393712	501(C)(3)	85,392.	0.			CHARITABLE OPERATIONS
UNITED WAY OF CENTRAL WEST							
VIRGINIA - ONE UNITED WAY SQUARE							
- CHARLESTON, WV 25301	55-0402755	501(C)(3)	20,000.	0.			DISASTER RELIEF
UNITED WAY OF CONNECTICUT							
1344 SILAS DEANE HWY							HEALTH & HUMAN SERVICES,
ROCKY HILL, CT 06067-1342	06-1084194	501(C)(3)	53,536.	0.			DISASTER RELIEF
INTER MAY OF DAME COUNTY INC							
UNITED WAY OF DANE COUNTY, INC. P.O. BOX 7548							
MADISON, WI 53707-7548	39-0817532	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
INTERD WAY OF DRIVES							
UNITED WAY OF DELAWARE							GENERAL GUARTERA
625 N. ORANGE ST.	51-0073399	E01/G\/2\	19,000.	0.			GENERAL CHARITABLE OPERATIONS
WILMINGTON, DE 19801-1785	31-00/3399	301(0)(3)	19,000.	0.			OI EVEL TOMP
UNITED WAY OF EAST CENTRAL IOWA							COMMUNITY ENGAGEMENT,
317 7TH AVE, SE #401							GENERAL CHARITABLE
CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	7,500.	0.			OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF EAST TENNESSEE HIGHLANDS - P.O. BOX 4039 - JOHNSON CITY, TN 37602-4039	62-6001105	501(C)(3)	33,250.	0.			GENERAL CHARITABLE
UNITED WAY OF FRANKLIN COUNTY P.O. BOX 47 CHAMBERSBURG, PA 17201-0047	25-1730590	501(C)(3)	19,000.	0.			GENERAL CHARITABLE
UNITED WAY OF FREDERICK COUNTY, INC 629 N.MARKET STREET - FREDERICK, MD 21701	52-0607973	501(C)(3)	90,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF FRESNO AND MADERA COUNTIES - 4949 EAST KINGS CANYON ROAD - FRESNO, CA 93727-3812	94-1156514	501(C)(3)	10,000.	0.			DISASTER RELIEF
UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST NE STE 300 ATLANTA, GA 30303	58-0566194	501(C)(3)	327,446.	0.			HEALTH & HUMAN SERVICES, DISASTER RELIEF, COMMUNITY ENGAGEMENT AND GENERAL CHARITABLE
UNITED WAY OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202-1458	31-0537502	501(C)(3)	33,390.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE. CLEVELAND, OH 44115-1819	34-6516654	501(C)(3)	34,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER HIGH POINT, INC 815 PHILLIPS AVE - HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	10,450.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	254,872.	0.			HEALTH, HUMAN & SOCIAL SERVICES, INCOME / POVERTY REDUCTION

Schedule I (Form 990)

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF GREATER KANSAS CITY HEALTH & HUMAN SERVICES 801 WEST 47TH STREET SUITE 500 GENERAL CHARITABLE KANSAS CITY, MO 64112-1377 44-0545812 501(C)(3) 92,500 0. OPERATIONS UNITED WAY OF GREATER KINGSPORT. INC. - 301 LOUIS STREET STE 201 -GENERAL CHARTTABLE KINGSPORT, TN 37660 62-0481461 501(C)(3) 9,500 0 OPERATIONS UNITED WAY OF GREATER LOS ANGELES INCOME / POVERTY 1150 S. OLIVE ST., SUITE T500 REDUCTION, GENERAL LOS ANGELES, CA 90015 95-2274801 501(C)(3) 61,953, 0. CHARITABLE OPERATIONS UNITED WAY OF GREATER MILWAUKEE & COMMUNITY ENGAGEMENT. WAUKESHA COUNTY - 225 W VINE ST INCOME / POVERTY MILWAUKEE, WI 53212-3935 39-0806190 501(C)(3) 96,000. 0 REDUCTION, HEALTH UNITED WAY OF GREATER PHILADELPHIA DISASTER RELIEF, HEALTH & AND SOUTHERN NEW JERSEY - P.O. BOX HUMAN SERVICES, GENERAL 15760 - PHILADELPHIA, PA 19103 23-1556045 501(C)(3) 0. CHARITABLE OPERATIONS 130,020, UNITED WAY OF GREATER RICHMOND & HEALTH & HUMAN SERVICES PETERSBURG - P.O. BOX 11807 -GENERAL CHARTTABLE RICHMOND VA 23230 23-7375346 501(C)(3) OPERATIONS 15,010 0. HEALTH & HUMAN SERVICES. COMMUNITY ENGAGEMENT UNITED WAY OF GREATER ST. LOUIS. INC. - 910 NORTH 11TH STREET -GENERAL CHARITABLE OPERATIONS SAINT LOUIS MO 63101 43-0714167 501(C)(3) 135 270 0. UNITED WAY OF GREATER TRIANGLE. INC. - P.O. BOX 110387 - RESEARCH TRIANGLE PARK, NC 27709 56-1949103 501(C)(3) 125,000. 0. HEALTH UNITED WAY OF JACKSON COUNTY 536 N. JACKSON STREET JACKSON, MI 49201 38-1368341 501(C)(3) 25 000 0. HEALTH & HUMAN SERVICES

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF KENTUCKY P.O. BOX 4653 DISASTER RELIEF, INCOME / LOUISVILLE, KY 40204-0653 31-1106795 501(C)(3) 21,000 0. POVERTY REDUCTION UNITED WAY OF KING COUNTY HEALTH & HUMAN SERVICES 720 SECOND AVENUE GENERAL CHARITABLE SEATTLE, WA 98104-1702 91-0565555 501(C)(3) 420,080 0 OPERATIONS UNITED WAY OF LAKE COUNTY, INC. 330 SOUTH GREENLEAF STREET GURNEE, IL 60031-3389 36-2167949 501(C)(3) 20,000 0. DISASTER RELIEF UNITED WAY OF LANCASTER COUNTY HEALTH & HUMAN SERVICES. 630 JANET AVE GENERAL CHARITABLE LANCASTER, PA 17601 23-1352093 501(C)(3) 15,010. 0 OPERATIONS UNITED WAY OF LINCOLN & LANCASTER COUNTY - 238 S 13TH ST STE 100 -HEALTH & HUMAN SERVICES. 47-0376624 501(C)(3) 0. COMMUNITY ENGAGEMENT LINCOLN, NE 68508 40,544. UNITED WAY OF LONG ISLAND HEALTH & HUMAN SERVICES. 819 GRAND BOULEVARD INCOME / POVERTY DEER PARK, NY 11729-5703 11-6042392 501(C)(3) 0. REDUCTION 110,780, UNITED WAY OF LOWNDES COUNTY P.O. BOX 266 GENERAL CHARITABLE 64-0567987 501(C)(3) OPERATIONS COLUMBUS, MS 39703-0266 5 530 0. UNITED WAY OF MADISON COUNTY, INC. HEALTH & HUMAN SERVICES. GENERAL CHARITABLE 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801 63-0366294 501(C)(3) 44,080. 0. OPERATIONS UNITED WAY OF MASSACHUSETTS BAY INCOME / POVERTY REDUCTION, GENERAL AND MERRIMACK VALLEY - 51 SLEEPER STREET - BOSTON, MA 02210 04-2382233 501(C)(3) 70 518. 0. CHARITABLE OPERATIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR GENERAL CHARITABLE CHICAGO, IL 60604 30-0200478 501(C)(3) 24,778 0. OPERATIONS UNITED WAY OF METROPOLITAN DALLAS HEALTH & HUMAN SERVICES GENERAL CHARITABLE INC. - 1800 N. LAMAR STREET -DALLAS, TX 75202 75-6005352 501(C)(3) 49,538 0 OPERATIONS UNITED WAY OF MIDLAND COUNTY 220 WEST MAIN ST. STE 100 MIDLAND, MI 48640-5137 38-1434224 501(C)(3) 25,000 0. DISASTER RELIEF UNITED WAY OF NEW YORK CITY HEALTH & HUMAN SERVICES. GENERAL CHARITABLE 205 EAST 42ND STREET 12TH FLOOR OPERATIONS NEW YORK, NY 10017 13-2617681 501(C)(3) 0 654,739. UNITED WAY OF NORTH CAROLINA 1130 KILDARE FARM ROAD SUITE 100 DISASTER RELIEF, HUMAN & 56-0564547 501(C)(3) SOCIAL SERVICES 0. CARY, NC 27511 45,000. HEALTH, COMMUNITY ENGAGEMENT, HUMAN UNITED WAY OF NORTHEAST FLORIDA, INC. - 40 E. ADAMS STREET, SUITE SERVICES, GENERAL 200 - JACKSONVILLE, FL 32202 59-0637825 501(C)(3) 0. CHARITABLE OPERATIONS 83,780 UNITED WAY OF NORTHERN UTAH 2955 HARRISON BOULEVARD, SUITE 201 GENERAL CHARITABLE OGDEN, UT 84403 OPERATIONS 87-0224251 501(C)(3) 19 000. 0. UNITED WAY OF NORTHWEST ALABAMA P.O. BOX 1228 HEALTH & HUMAN SERVICES. FLORENCE, AL 35631-1228 63-0873878 501(C)(3) 20,000. 0. DISASTER RELIEF UNITED WAY OF NORTHWEST ARKANSAS HEALTH & HUMAN SERVICES GENERAL CHARITABLE 100 PARKWOOD ST 71-0305700 501(C)(3) LOWELL, AR 72745 102 721. 0. OPERATIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF NORTHWEST LOUISIANA 820 JORDAN STREET SUITE 370 GENERAL CHARITABLE SHREVEPORT, LA 71101 72-0503930 501(C)(3) 5,700 0. OPERATIONS UNITED WAY OF ORANGE COUNTY P.O. BOX 1583 DISASTER RELIEF, GENERAL ORANGE, TX 77631-1583 74-6023140 501(C)(3) 11,370 0 CHARTTABLE OPERATIONS UNITED WAY OF PENNSYLVANIA 20 ERFORD ROAD, SUITE 215 INCOME / POVERTY LEMOYNE, PA 17043 23-1672348 501(C)(3) 20,000 0. REDUCTION UNITED WAY OF PIERCE COUNTY HEALTH, HUMAN & SOCIAL SERVICES, COMMUNITY P.O. BOX 2215 ENGAGEMENT TACOMA, WA 98401-2215 91-0650669 501(C)(3) 0 80,557. UNITED WAY OF SALT LAKE HEALTH & HUMAN SERVICES, GENERAL CHARITABLE 257 E 200 SOUTH SUITE 300 87-0227091 501(C)(3) OPERATIONS SALT LAKE CITY, UT 84111-8099 0. 262,768. UNITED WAY OF SAN ANTONIO AND COMMUNITY ENGAGEMENT. BEXAR COUNTY - P.O. BOX 898 - SAN GENERAL CHARTTABLE ANTONIO, TX 78293-0898 74-1272381 501(C)(3) 0. OPERATIONS 36,270, UNITED WAY OF SAN LUIS OBISPO COUNTY - P.O. BOX 14309 - SAN LUIS OBISPO, CA 93406-4309 95-3459538 501(C)(3) 7 500. 0. DISASTER RELIEF HUMAN & SOCIAL SERVICES. UNITED WAY OF SOUTHEAST LOUISIANA COMMUNITY ENGAGEMENT. GENERAL CHARITABLE 2515 CANAL STREET NEW ORLEANS, LA 70119-6435 72-0471369 501(C)(3) 208,202. 0. OPERATIONS UNITED WAY OF SOUTHERN CAMERON COUNTY - 634 EAST LEVEE ST. -BROWNSVILLE, TX 78520 74-1241385 501(C)(3) 150 000. 0. HUMAN & SOCIAL SERVICES

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Schedule I (Form 990) UNITED WAY WORLDWIDE 13-1635294

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF SOUTHERN MAINE 550 FOREST AVE. SUITE 100 INCOME / POVERTY PORTLAND, ME 04101 01-0241767 501(C)(3) 40,000 0. REDUCTION UNITED WAY OF SOUTHERN NEVADA INCOME / POVERTY P.O. BOX 30910 REDUCTION, HUMAN & SOCIAL LAS VEGAS, NV 89173 88-0071328 501(C)(3) 170,000 0 SERVICES UNITED WAY OF SOUTHWEST GEORGIA P.O. BOX 70429 GENERAL CHARITABLE ALBANY, GA 31708-0429 58-0655156 501(C)(3) 5,425 0. OPERATIONS UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - P.O. BOX 735 -45,489. PITTSBURGH, PA 15230-0735 28-1043578 501(C)(3) 0 HEALTH UNITED WAY OF SUMMIT COUNTY 37 N HIGH ST DISASTER RELIEF, HUMAN & 34-1169257 501(C)(3) 0. SOCIAL SERVICES AKRON, OH 44308 64.734. UNITED WAY OF TARRANT COUNTY P.O. BOX 4448 HUMAN & SOCIAL SERVICES. FORT WORTH, TX 76164-0448 75-0858360 501(C)(3) 0. COMMUNITY ENGAGEMENT 6,800. INCOME / POVERTY UNITED WAY OF THE BAY AREA 550 KEARNEY STREET SUITE 1000 REDUCTION, GENERAL 94-1312348 501(C)(3) CHARITABLE OPERATIONS SAN FRANCISCO CA 94108 33 280. 0. UNITED WAY OF THE COASTAL EMPIRE. INC. - 428 BULL STREET -GENERAL CHARITABLE SAVANNAH, GA 31401-4963 58-0623603 501(C)(3) 6,260. 0. OPERATIONS UNITED WAY OF THE DUTCHESS -HEALTH, HUMAN, & SOCIAL ORANGE REGION - 75 MARKET STREET SERVICES, COMMUNITY - POUGHKEEPSIE, NY 12601 06-1045698 501(C)(3) 42 000 0. ENGAGEMENT

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Schedule I (Form 990) UNITED WAY WORLDWIDE 13-1635294

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF THE EASTERN PANHANDLE - 24 DISTRICT WAY SUITE 201 - MARTINSBURG, WV 25404	55-6024725	501(C)(3)	9,500.	0.			GENERAL CHARITABLE OPERATIONS			
UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102-1908	47-0376605	501(C)(3)	69,520.	0.			HEALTH, HUMAN & SOCIAL SERVICES, GENERAL CHARITABLE OPERATIONS			
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)(3)	10,060.	0.			COMMUNITY ENGAGEMENT, GENERAL CHARITABLE OPERATIONS			
UNITED WAY OF THE MOHAWK VALLEY, INC 258 GENESEE ST 1ST FL - UTICA, NY 13502	15-0532074	501(C)(3)	50,120.	0.			HEALTH & HUMAN SERVICES, GENERAL CHARITABLE OPERATIONS			
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL RD. SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	87,000.	0.			HEALTH & HUMAN SERVICES			
UNITED WAY OF TREASURE VALLEY, INC P.O. BOX 16330 - BOISE, ID 83715	82-0299013	501(C)(3)	33,250.	0.			GENERAL CHARITABLE OPERATIONS			
UNITED WAY OF TRI-COUNTY, INC. 46 PARK ST FRAMINGHAM, MA 01702-6652	04-2104231	501(C)(3)	15,111.	0.			HEALTH & HUMAN SERVICES			
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA - P.O. BOX 86750 - TUCSON, AZ 85754	86-0098932	501(C)(3)	33,250.	0.			GENERAL CHARITABLE OPERATIONS			
UNITED WAY OF WASHINGTON COUNTY, MARYLAND, INC 83 W WASHINGTON ST STE 101 - HAGERSTOWN, MD 21740	52-0691704	501(C)(3)	20,400.	0.			COMMUNITY ENGAGEMENT, GENERAL CHARITABLE OPERATIONS			

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF WEST FLORIDA INC 1301 W GOVERNMENT ST DISASTER RELIEF, GENERAL PENSACOLA, FL 32501-5314 59-0651076 501(C)(3) 24,550 0. CHARITABLE OPERATIONS UNITED WAY OF WESTCHESTER AND HEALTH, HUMAN & SOCIAL PUTNAM, INC. - 336 CENTRAL PARK SERVICES, INCOME / AVE - WHITE PLAINS, NY 10606-1500 13-1997636 501(C)(3) 239,204 0 POVERTY REDUCTION UNITED WAY OF WISCONSIN 2059 ATWOOD AVE. COMMUNITY ENGAGEMENT. MADISON, WI 53704-6608 39-1609340 501(C)(3) 76,000 0. HEALTH & HUMAN SERVICES UNITED WAY RETIREES ASSOC. 701 N. FAIRFAX STREET GENERAL CHARITABLE ALEXANDRIA, VA 22314 54-2026707 501(C)(3) 30,000. 0 OPERATIONS UNITED WAY SUNCOAST COMMUNITY ENGAGEMENT. 5201 W. KENNEDY BOULEVARD SUITE 600 GENERAL CHARITABLE 59-3725701 501(C)(3) OPERATIONS TAMPA, FL 33609-1820 0. 16,290. VALLEY OF THE SUN UNITED WAY INCOME / POVERTY 1515 EAST OSBORN ROAD REDUCTION, COMMUNITY PHOENIX, AZ 85014-5318 86-0104419 501(C)(3) 0. ENGAGEMENT 17,000. VIALINK, INC. P.O. BOX 15409 72-0706669 501(C)(3) NEW ORLEANS, LA 70175 20 000 0. DISASTER RELIEF WASHINGTON 211 304 WEST LINCOLN AVE. YAKIMA, WA 98902 02-0554604 501(C)(3) 28,000. 0. HEALTH & HUMAN SERVICES

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Schedule I (Form 990)

UNITED WAY WORLDWIDE 13-1635294 Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: PROCEDURES FOR MONITORING USE OF GRANT FUNDS GRANTEES ARE REQUIRED TO SUBMIT A NARRATIVE PROPOSAL AND BUDGET ABOUT THE PROJECT FOR WHICH FUNDING IS BEING REQUESTED. IN ORDER TO BE CONSIDERED FOR FUNDING. WHEN FUNDS ARE AWARDED. THE GRANTEE IS REQUIRED TO SIGN A BINDING

USAGE OF THE AWARDED FUNDS. THE FINANCIAL REPORTS MUST BE SIGNED BY

CONTRACT WHICH ESTABLISHES THE PURPOSE OF THE FUNDING AND REQUIRED THE

NARRATIVE REPORTS. DETAILING THE ACTUAL EXPENSES AND DESCRIBING THE ACTUAL

SUBMISSION OF AN INTERIM AND FINAL FINANCIAL REPORT. ALONG WITH THE

## **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. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number UNITED WAY WORLDWIDE 13-1635294

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	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 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	Х	
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	Х	
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  X Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0   11   504/ V0)   504/ V4)   1504/ V00)   11   11   15   16			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	r-		х
	The organization?	5a		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	·			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6a		х
	The organization?	6b		Х
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	GD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	j		
•	Regulations section 53.4958-6(c)?	9		
	1109414410110 0004011 00.7000 0(0):			

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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 UNITED WAY WORLDWIDE 13-1635294 Page 2

### 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRIAN GALLAGHER	(i)	82,175.	210,000.	2,888,810.	435,562.	5,599.	3,622,146.	2,083,193.
CHIEF EXEC. OFFICER (TO 02/09/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NEERAJ MEHTA	(i)	442,625.	0.	5,622.	0.	0.	448,247.	0.
BOARD MEM/INTERIM CEO (3/1-10/15/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STANLEY LITTLE	(i)	387,333.	0.	12,678.	2,314.	37,690.	440,015.	0.
CHIEF EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSE FERRAO	(i)	289,386.	0.	52,401.	22,209.	41,263.	405,259.	0.
INTERNATIONAL PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARK SUTTON	(i)	322,245.	0.	9,620.	22,127.	32,531.	386,523.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEE LOVE	(i)	309,587.	0.	6,683.	11,031.	52,055.	379,356.	0.
CHIEF INVESTOR RELATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0,
(7) STEVE TAYLOR	(i)	286,793.	15,000.	11,264.	21,804.	34,503.	369,364.	0,
SENIOR VP & COUNSEL, PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICIA TURNER	(i)	254,218.	0.	46,581.	25,338.	22,544.	348,681.	0,
SR VP & GEN. COUNSEL (TO 12/17/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN TAYLOR	(i)	269,319.	0.	6,306.	19,638.	18,812.	314,075.	0.
CHIEF INFORMATION & TECH. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN CLAYBON	(i)	243,294.	0.	4,113.	9,508.	47,461.	304,376.	0.
SR VP, DATA INSIGHTS & RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUZANNE MCCORMICK	(i)	221,652.	0.	21,623.	24,484.	30,825.	298,584.	0.
US NETWORK PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTINA MACVEIGH	(i)	250,804.	0.	5,392.	8,605.	32,403.	297,204.	0.
SR VP, NETWORK ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0,
(13) BRIAN LACHANCE	(i)	237,246.	0.	10,001.	28,711.	18,317.	294,275.	0.
SR VP, CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0,
(14) LORI MALCOLM	(i)	71,046.	0.	118,587.	8,150.	250.	198,033.	0.
CHIEF CULTURE OFFICER (TO 03/28/21)	(ii)	0.	0.	0.	0.	0.	0.	0,
(15) WILLIAM BROWNING	(i)	70,766.	0.	101,428.	6,569.	12,931.	191,694.	0,
CHIEF STRATEGY OFFICER (TO 04/02/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANGELA WILLIAMS	(i)	125,448.	40,000.	6,091.	0.	6,001.	177,540.	0.
CHIEF EXEC. OFFICER (BEG 10/15/21)	(ii)	0.	0.	0.	0.	0.	0.	0.

#### Part III Supplemental Information

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

PART I, LINE 1A:

THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND A SMALL NUMBER OF OTHER

EMPLOYEES WHO ROUTINELY TRAVEL OVERSEAS MAY BE REIMBURSED FOR BUSINESS

CLASS AIR TRAVEL (FIRST CLASS IF THERE ARE ONLY TWO CLASSES) WHEN TRAVELING

FOR BUSINESS PURPOSES ON FLIGHTS LONGER THAN FOUR HOURS. BECAUSE

FREQUENT/EXTENSIVE WORLD TRAVEL IS A REQUIREMENT FOR THESE POSITIONS. THIS

BENEFIT IS NOT CONSIDERED COMPENSATION AND IS THEREFORE TREATED AS

NON-TAXABLE.

PART I, LINE 3:

THE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF TRUSTEES OF

UNITED WAY WORLDWIDE ("UWW") IS RESPONSIBLE FOR GOVERNANCE AND OVERSIGHT OF

COMPENSATION AND BENEFITS PROGRAMS FOR THE UWW CHIEF EXECUTIVE OFFICER AND

OTHER EXECUTIVE LEVEL STAFF ("EXECUTIVES"). AND FOR ENSURING THAT THE

COMPENSATION POLICIES OF UWW ARE CONSISTENT WITH AND IN SUPPORT OF THE

ORGANIZATION'S MISSION, VALUES AND GOALS.

ON AN ANNUAL BASIS, THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE

PERFORMANCE OF THE CEO AND RECOMMENDING TO THE FULL BOARD OF TRUSTEES FOR

#### Part III Supplemental Information

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

APPROVAL ANY ADJUSTMENTS TO HIS OR HER COMPENSATION AND BENEFITS. INCLUDING

INCENTIVE AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING AND

RECOMMENDING TO THE FULL BOARD OF TRUSTEES FOR APPROVAL INCENTIVE AWARDS

AND ANY ADJUSTMENTS TO THE COMPENSATION AND BENEFITS OF THE OTHER

EXECUTIVES, WITH INPUT AND RECOMMENDATIONS FROM THE CEO. FINALLY, THE

COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD

FOR APPROVAL ANY NEW COMPENSATION OR BENEFITS PLANS OR PROGRAMS. OR ANY

CHANGES TO EXISTING PLANS AND PROGRAMS THAT RELATE TO THE CEO OR THE

EXECUTIVES.

THE COMMITTEE ENGAGES A THIRD-PARTY CONSULTANT TO PROVIDE COMPENSATION DATA

FROM COMPARABLE ORGANIZATIONS. THE COMMITTEE REVIEWS AND DISCUSSES THAT

DATA BEFORE DETERMINING THE COMPENSATION OF THE CEO AND EXECUTIVES. SUCH

DECISION IS DOCUMENTED CONTEMPORANEOUSLY BY THE COMMITTEE.

PART I, LINES 4A-B:

THE AMOUNTS ACCRUED PRIOR TO 2021 IN THE AMOUNT OF \$2,083,193 HAVE BEEN

PREVIOUSLY REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORM 990S.

THIS AMOUNT WAS INCLUDED IN THE AMOUNT PAID IN 2021 WHEN THE CEO LEFT.

Schedule J (Form 990) 2021

Part III Supplemental Information

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

WHEN DETERMINING REASONABLE COMPENSATION FOR ITS CHIEF EXECUTIVE THE BOARD

OF UNITED WAY WORLDWIDE DETERMINED THAT A SUPPLEMENTAL DEFERRED RETIREMENT

PLAN WAS THE BEST INCENTIVE TO RETAIN AND ATTRACT THE LEADERSHIP IT FELT

THE ORGANIZATION NEEDED AT THAT TIME.

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT PURSUANT TO THE

POLICIES AND PROCEDURES OF UNITED WAY WORLDWIDE UPON SEPARATION. THE

SEVERANCE PAYMENTS ARE INCLUDED IN SCHEDULE J. PART II. COLUMN (B)(III) AS

PART OF OTHER REPORTABLE COMPENSATION:

BRIAN GALLAGHER \$497,692

LORI MALCOLM \$84,326

WILLIAM BROWNING \$73,407

PART I, LINE 7:

THE EXECUTIVE MANAGEMENT TEAM IS PAID A BONUS BASED UPON A COMBINATION OF

INDIVIDUAL PERFORMANCE. EXECUTIVE MANAGEMENT TEAM PERFORMANCE AND

PERFORMANCE OF THE ORGANIZATION. THE METRICS CONSIDERED ARE NOT REVENUE

BASED. THE BOARD CONSIDERS THE METRICS AND ARRIVES AT THE BONUS AMOUNT - IT

Schedule J (Form 990) 2021

Page 3

Part III Supplemental Information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
S NOT A MATRIX BASED ON A SCORE BUT SOMEWHAT DISCRETIONARY.

Page 3

Schedule J (Form 990) 2021

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number UNITED WAY WORLDWIDE 13-1635294

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	<b></b>	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	28	749,404.	FAIR MARKET VALUI	Ε			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( )								
26	Other								
27	Other								
28	Other ( )								
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>					
							Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for				
	exempt purposes for the entire holding period?	?				30a		Х	
b	<b>b</b> If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х		
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?					32a		Х	
b	If "Yes," describe in Part II.				•				
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	ked,				
	describe in Part II.								
ΙЦΔ	For Panerwork Reduction Act Notice see	Maria Incadence d	for Form 000		Schodulo M	· /= - ····	- 000\	0004	

132142 11-17-21 Schedule M (Form 990) 2021

## **SCHEDULE 0** (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

UNITED WAY WORLDWIDE

**Employer identification number** 13-1635294

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BRIEF MISSION (CONTINUED) UNITED WAY FIGHTS FOR PEOPLE TO GET BETTER JOBS AND ACHIEVE FINANCIAL STABILITY. FOR STUDENTS TO GRADUATE HIGH SCHOOL READY FOR COLLEGE AND CAREERS, AND FOR INDIVIDUALS TO LEAD HEALTHIER LIVES. FORM 990, PART III, LINE 1 ORGANIZATION'S MISSION FOR 135 YEARS, THE UNITED WAY NETWORK HAS SERVED AS A VEHICLE FOR VOLUNTEERS, DONORS, PARTNERS AND ADVOCATES WHO SEEK TO CHANGE LIVES AND COMMUNITIES THROUGH SERVICE, COLLABORATION AND IMPACT. AS ONE OF THE THE UNITED WAY NETWORK WORLD'S LARGEST PRIVATELY FUNDED CHARITIES, SERVES 95% OF U.S. COMMUNITIES AND 37 COUNTRIES AND TERRITORIES. IT IMPACTS MORE THAN 48 MILLION PEOPLE EVERY YEAR. UWW SEEKS TO SUPPORT THE NETWORK IN ADVANCING THE COLLECTIVE MISSION OF UNITED WAY TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: PROGRAM SERVICE ACTIVITY 1 DONOR ADVISED GIVING (DOMESTIC AND INTERNATIONAL) - THE UNITED WAY DONOR ADVISED GIVING PROGRAM (DAF & IDAG) FACILITATES GRANTS TO DOMESTIC AND INTERNATIONAL ORGANIZATIONS, BASED ON RECOMMENDATIONS BY PROGRAM CONTRIBUTORS, THAT MEET PROGRAMMATIC OR GEOGRAPHIC INTERESTS OF BOTH THE DONOR AND UNITED WAY WORLDWIDE. THROUGH DAF AND IDAG. DONORS CAN PROVIDE FUNDING FOR GRANTS TO A VARIETY OF

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 CHARITABLE/NON-GOVERNMENTAL ORGANIZATIONS, SUCH AS SCHOOLS, ORPHANAGES HOSPITALS, COMMUNITY DEVELOPMENT AND RESEARCH CENTERS AND A NETWORK OF UNITED WAYS IN THE UNITED STATES OF AMERICA AND OTHER COUNTRIES AROUND THE WORLD. GRANTS CAN BE USED FOR CHARITABLE PURPOSES IN A PARTICULAR COUNTRY, REGION, OR FIELD OF INTEREST AND SUPPORT A SPECIFIC CHARITABLE ORGANIZATION INSIDE OR OUTSIDE THE UNITED STATES. FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: PROGRAM SERVICE ACTIVITY 2 U.S. NETWORK - THE UNITED WAY WORLDWIDE U.S. NETWORK TEAM PROVIDES GOVERNANCE, RESOURCES DEVELOPMENT, PROGRAM AND CAPACITY BUILDING SUPPORT AND TRAINING TO UNITED WAY MEMBERS WITHIN THE UNITED STATES OF AMERICA. IN ADDITION, THE U.S. NETWORK TEAM SUPPORTS MEMBER GRANT DISTRIBUTIONS SERVICES, COMMUNITY BUILDING, NATIONAL AGENCIES' SUPPORT VOLUNTEER DEVELOPMENT, EARLY CHILDHOOD DEVELOPMENT, FINANCIAL STABILITY, 2-1-1 INITIATIVE AND BORN LEARNING. IT ALSO PROVIDES REGIONAL AND NATIONAL SUPPORTIVE SERVICES TO MEMBER UNITED WAYS, SUCH AS CRISIS RESPONSE TECHNICAL SUPPORT AND DISASTER LONG-TERM RECOVERY FUND MANAGEMENT. FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE: DIGITAL SERVICES - THE UNITED WAY WORLDWIDE DIGITAL SERVICES TEAM PROVIDES LEADERSHIP TO THE UNITED WAY NETWORK IN DESIGN, CREATION, AND IMPLEMENTATION OF DIGITAL TECHNOLOGY BASED DONOR ENGAGEMENT STRATEGIES. THROUGH THE USE OF STATE OF THE ART DIGITAL TECHNOLOGIES THAT LEVERAGE THE NETWORK'S DATA RESOURCES, THE DIGITAL SERVICES TEAM MAKES POSSIBLE SECURE, PERSONALIZED, REAL-TIME PHILANTHROPY THAT INCREASES GIVING

ADVOCACY, AND VOLUNTEERISM.

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BRAND STRATEGY AND MARKETING - THE UNITED WAY WORLDWIDE BRAND STRATEGY AND MARKETING TEAM PROVIDES SUPPORT TO MEMBER UNITED WAYS IN ALL BRAND IDENTITY AND CONSISTENCY MATTERS INCLUDING MARKETING, ADVERTISING, AND OTHER PROMOTIONAL OPPORTUNITIES DESIGNED TO PROMOTE INDIVIDUAL PARTICIPATION IN ADVANCING THE COMMON GOOD IN THEIR LOCAL COMMUNITY AND TO STRENGTHEN TRUST FOR THE UNITED WAY BRAND AROUND THE WORLD. IT ALSO PROMOTES MEDIA AND PUBLIC RELATIONS; MANAGES THE "LIVE UNITED" CAMPAIGN THROUGH PRODUCTION OF VIDEO, TELEVISION, RADIO, PRINT MEDIA AND OTHER COLLATERAL MATERIALS; MAINTAINS THE UNITED WAY/NATIONAL FOOTBALL LEAGUE PARTNERSHIP INCLUDING PRO-BONO MEDIA, THE CHARACTER PLAYBOOK PROGRAM, AND THE MAN OF THE YEAR PROGRAM; MAINTAINS THE UNITED WAY/PUBLIC SERVICE ANNOUNCEMENT PARTNERSHIP INCLUDING PRODUCTION AND PLACEMENT OF PUBLIC SERVICE ANNOUNCEMENTS IN TELEVISION, RADIO, AND PRINT MEDIA; AND PROMOTES STRONG INTERNAL COMMUNICATIONS FOR THE LEADERSHIP OF THE ORGANIZATION AND THE NETWORK. INVESTOR RELATIONS - THE UNITED WAY WORLDWIDE INVESTOR RELATIONS TEAM PROVIDES RELATIONSHIP MANAGEMENT SUPPORT AND SKILLS TRAINING FOR MEMBER UNITED WAYS AND UNITED WAY NETWORK-WIDE PROGRAMS INCLUDING GLOBAL CORPORATE LEADERSHIP, INTERNATIONAL CORPORATE SOCIAL RESPONSIBILITY MAJOR GIVING, THE "ALEXIS DE TOCQUEVILLE" PROGRAM, PLANNED GIVING, COMMUNITY AND PUBLIC SECTOR CAMPAIGNS. INTERNATIONAL NETWORK - THE UNITED WAY INTERNATIONAL NETWORK TEAM PROVIDES GOVERNANCE, RESOURCE DEVELOPMENT, PROGRAM, AND CAPACITY BUILDING SUPPORT AND TRAINING TO UNITED WAY MEMBERS THROUGHOUT THE

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 WORLDWIDE NETWORK OUTSIDE THE UNITED STATES OF AMERICA. WITH REGIONAL OFFICE IN COLUMBIA, GHANA, HONG KONG, CHINA, AND SWITZERLAND, NETWORK STAFF WORK CLOSELY WITH MEMBER UNITED WAY STAFF AND VOLUNTEER BOARD MEMBERS THROUGH THE WORLD TO ADVANCE THE UNITED WAY MISSION IN 40+ COUNTRIES. LEARNING. CONFERENCING & TALENT MANAGEMENT - THIS TEAM PROVIDES TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR UNITED WAY VOLUNTEERS STAFF, AND PARTNERS THROUGH NATIONAL CONFERENCES, REGIONAL MEETINGS, WEBINARS, SOCIAL MEDIA PLATFORMS, VIRTUAL TRAININGS, IN-PERSON TRAININGS, AND OTHER LEARNING/DEVELOPMENTAL OFFERINGS. CAMPAIGN OPERATIONS - THIS TEAM MANAGES NATIONAL FISCAL AGENT RELATIONSHIPS WITH A NUMBER OF FOR-PROFIT COMPANIES THAT PROVIDE WORKPLACE FUNDRAISING CAMPAIGN PLEDGE PROCESSING, AT A SELECT NUMBER OF PARTICIPATING COMPANIES, ON BEHALF OF AND IN COOPERATION WITH MEMBER PARTICIPATING UNITED WAYS. PUBLIC RELATIONS - THIS TEAM CREATES AND OVERSEES THE UNITED WAY NETWORK'S INTERNAL COMMUNICATIONS STRATEGY AND PLAN. THE PRIMARY FOCUS IS ON MAINTAINING A COMMUNICATIONS PROGRAM THAT IS A TWO-WAY PARTNERSHIP BETWEEN MEMBER UNITED WAYS AND PARTICIPATING COMPANIES. PROMOTIONAL MATERIAL SALES - IN 2013, UNITED WAY WORLDWIDE BEGAN TO PROVIDE LICENSING RIGHTS TO SELECT VENDORS TO SELL PROMOTIONAL PRODUCTS BEARING THE UNITED WAY BRAND AND TRADEMARKS IN ORDER TO ENSURE THE FULL VALUE OF ITS TRADEMARK IS MAINTAINED FOR THE BENEFIT OF ALL UNITED WAY MEMBERS. THIS TEAM ALSO FACILITATES THE PRODUCTION AND SALE OF A

Schedule O (Form 990) 2021 Page 2

**Employer identification number** Name of the organization UNITED WAY WORLDWIDE 13-1635294 LIMITED NUMBER OF UNITED WAY BRANDED PRODUCTS, SUCH AS THE BORN LEARNING TRAIL KIT, THAT ARE NOT AVAILABLE FROM ALTERNATIVE VENDORS. IMPACT. STRATEGY AND INNOVATION - UNITED WAY WORLDWIDE SEEKS TO MAKE A POSITIVE DIFFERENCE AND HAVE A MEASURABLE IMPACT OF ENDURING CONSEQUENCE BY FOCUSING ON ACCESS TO EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVING. THE IMPACT, STRATEGY, AND INNOVATION TEAM PROVIDES THOUGHT LEADERSHIP, TRAINING, AND SUPPORT FOR COMMUNITY IMPACT PROGRAM SOLUTIONS AND PRODUCTS THROUGH THE EXECUTION OF THE UNITED WAY BUSINESS MODEL AT THE LOCAL COMMUNITY LEVEL. IT ALSO SUPPORTS MEMBER UNITED WAYS' DEVELOPMENT OF STRATEGIC PLANS BASED ON AN IMPACT GROWTH IMPERATIVE, MANAGEMENT OF STRATEGIC INITIATIVES, AND CREATION OF CAPACITY TO SCALE INNOVATION ACROSS THE UNITED WAY NETWORK. EXPENSES \$ 38,673,805. INCL GRANTS OF \$ 21,922,961. REVENUE \$ 40,315,612. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: CANADA, SWITZERLAND, HONG KONG, SWAZILAND FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION HAS ONE CLASS OF MEMBERS. MEMBER RIGHTS AND RESPONSIBILITIES ARE DEFINED IN THE MEMBERSHIP LICENSE AGREEMENT. EACH MEMBER HAS ONE VOTE ON MATTERS REQUIRING MEMBER APPROVAL PER THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY NOMINEES TO THE BOARD OF TRUSTEES MUST BE APPROVED BY THE MEMBERSHIP, BY A

MAJORITY VOTE.

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2** 

**Employer identification number** Name of the organization UNITED WAY WORLDWIDE 13-1635294 FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS MEMBERS MUST ALSO APPROVE ANY AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION OR ANY EXTRAORDINARY BUSINESS EVENT SUCH AS A MERGER OR SALE OF SUBSTANTIALLY ALL OF THE CORPORATE ASSETS. FORM 990, PART VI, SECTION B, LINE 11B: REVIEW OF FORM 990 BY GOVERNING BODY THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY: THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT & CFO, AND BY THE AUDIT COMMITTEE OF THE BOARD. LASTLY, IT IS SENT TO ALL BOARD MEMBERS BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ORGANIZATION'S CODE OF ETHICS AND ENFORCED BY THE ETHICS OFFICER. ANNUALLY ALL STAFF. AND BOARD MEMBERS ARE REQUIRED TO READ AND CERTIFY TO COMPLIANCE WITH THE CODE OF ETHICS. BOARD MEMBERS ARE REQUIRED ANNUALLY TO FILE WITH THE ETHICS OFFICER A CONFLICT OF INTEREST DECLARATION FORM. THE ETHICS OFFICER USES THE INFORMATION TO ENSURE THAT ANY BOARD MEMBERS WHO HAS A CONFLICT OF INTEREST IN ANY BUSINESS BEFORE THE BOARD IS RECUSED FROM PARTICIPATING IN THAT DECISION AND VOTE.

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

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL THE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF TRUSTEES OF UNITED WAY WORLDWIDE ("UWW") IS RESPONSIBLE FOR GOVERNANCE AND OVERSIGHT OF COMPENSATION AND BENEFITS PROGRAMS FOR THE UWW CHIEF EXECUTIVE OFFICER AND OTHER EXECUTIVE LEVEL STAFF ("EXECUTIVES"), AND FOR ENSURING THAT THE COMPENSATION POLICIES OF UWW ARE CONSISTENT WITH AND IN SUPPORT OF THE ORGANIZATION'S MISSION, VALUES AND GOALS. ON AN ANNUAL BASIS. THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE CEO AND RECOMMENDING TO THE FULL BOARD OF TRUSTEES FOR APPROVAL ANY ADJUSTMENTS TO HIS OR HER COMPENSATION AND BENEFITS. INCLUDING INCENTIVE AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD OF TRUSTEES FOR APPROVAL INCENTIVE AWARDS AND ANY ADJUSTMENTS TO THE COMPENSATION AND BENEFITS OF THE OTHER EXECUTIVES, WITH INPUT AND RECOMMENDATIONS FROM THE CEO. FINALLY, THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY NEW COMPENSATION OR BENEFITS PLANS OR PROGRAMS, OR ANY CHANGES TO EXISTING PLANS AND PROGRAMS THAT RELATE TO THE CEO OR THE EXECUTIVES. THE COMMITTEE ENGAGES A THIRD-PARTY CONSULTANT TO PROVIDE COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS. THE COMMITTEE REVIEWS AND DISCUSSES THAT DATA BEFORE DETERMINING THE COMPENSATION OF THE CEO AND EXECUTIVES. SUCH DECISION IS DOCUMENTED CONTEMPORANEOUSLY BY THE COMMITTEE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  $\verb"AL,AK,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC"$ 

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 FORM 990, PART VI, SECTION C, LINE 19: REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S GOVERNING DOCUMENTS, CODE OF ETHICS/CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND FILED IRS FORM 990 ARE AVAILABLE ON ITS WEBSITE (WWW.UNITEDWAY.ORG). FORM 990, PART VII, SECTION A LIST OF NON-VOTING U.S.A. BOARD MEMBERS IN ADDITION TO THE VOTING MEMBERS OF THE UNITED WAY WORLDWIDE BOARD OF TRUSTEES. THE FOLLOWING INDIVIDUALS ARE MEMBERS OF THE U.S.A. BOARD OF TRUSTEES: NEERAJ MEHTA, CHAIR OF THE USA BOARD; CYNTHIA FIGUEROA, CHAIR, US MEMBERSHIP ACCOUNTABILITY COMMITTEE (TERM ENDED 5/11/21); JAKE SILVOLA FINCH, CHAIR, US MEMBERSHIP ACCOUNTABILITY COMMITTEE (EFFECTIVE 5/11/21); KATHERINE QUINN, CHAIR, US NOMINATING COMMITTEE; MARK HOWARD, AT-LARGE BOARD MEMBER; ORV KIMBROUGH, AT-LARGE BOARD MEMBER (TERM BEGAN 5/11/21); REKHA MISRA, AT-LARGE BOARD MEMBER (TERM BEGAN 5/11/21); SUSAN SOMERSILLE JOHNSON, AT-LARGE BOARD MEMBER; MARY CATHRYN RICKER, AT-LARGE BOARD MEMBER (TERM ENDED 5/11/21); DAVID SHAFFER, AT-LARGE BOARD MEMBER; LIZ SHULER, AT-LARGE BOARD MEMBER (TERM BEGAN 5/11/21); BYRON SPRUELL, AT-LARGE BOARD MEMBER; DEANNA STRABLE, AT-LARGE BOARD MEMBER;

Schedule O (Form 990) 2021

DR. REGINA CUNINGHAM, AT-LARGE BOARD MEMBER (TERM ENDED 1/20/21);

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	Function and interest in a street and an arrange and
	Employer identification number 13-1635294
17,804,667.	
3,432,065.	
271,360.	
21,508,092.	
2,200,945.	
424,259.	
33,545.	
2,658,749.	
342,926.	
66,103.	
5,227.	
414,256.	
382,236.	
73,680.	
5,826.	
461,742.	
25,042,839.	
	3,432,065.  271,360.  21,508,092.  2,200,945.  424,259.  33,545.  2,658,749.  342,926.  66,103.  5,227.  414,256.  382,236.  73,680.  5,826.  461,742.

Schedule O (Form 990) 2021

132212 11-11-21

Name of the organization  UNITED WAY WORLDWIDE		Employer identification number 13-1635294
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
PENSION-RELATED CHANGES	2,649,177.	
GAIN ON DEBT EXTINGUISHMENT	2,180,000.	
GAIN ON CASUALTY	182,692.	
TOTAL TO FORM 990, PART XI, LINE 9	5,011,869.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

13-1635294

Part I Identification of Disregarded Entities. Com	nplete if the organization answered "Yes	" on Form 990, Part IV, line 30	3.				
(a)	(b)	(c)	(d)	(e)	)	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets Dire	ect controllii entity	ng
UNITED WAY DIGITAL HOLDINGS, LLC -							
81-5211422, 701 N FAIRFAX STREET,							
ALEXANDRIA, VA 22314	SOFTWARE	DELAWARE		0.	. 7,033. UNITED WAY W		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	because it had one	or more related tax-	exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controllin entity	g co	(g) n 512(b)(13) ntrolled entity?
				501(c)(3))		Yes	No
UNITED WAY WORLDWIDE (ASIA) LIMITED							
ROOM 1906, 19/F, LEE GARDEN ON					UNITED WAY		

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

STE 1000, SAN

SEE PART VII

RESOURCES.

PROVIDE EMPLOYMENT. HOUSING & STABILITY

UNITED WAY WORLDWIDE

Schedule R (Form 990) 2021

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Х

CAUSEWAY BAY, HONG KONG

94-1312348, 550 KEARNY ST.

FRANCISCO, CA 94108-2524

UNITED WAY OF THE BAY AREA (TO 6/30/21) -

HONG KONG

CALIFORNIA

501(C)(3)

501(C)(3)

LINE 7

LINE 7

WORLDWIDE

UNITED WAY

WORLDWIDE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportional		Code V-UBI	Gener	Percenta ping ownersh
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No.
						l					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end-of-year	(h) Percentage ownership	contr	tion o)(13) olled ity?
	country)		,				Yes	No
4								
FUNDRAISING CAMPAIGN								
PLEDGE PROCESSING	DE	N/A	C CORP	0.	0.			Х
		UNITED WAY						
SOFTWARE DEVELOPMENT	со	WORLDWIDE	C CORP	3,928.	400,133.	100%	х	
_								
-								
	Primary activity  FUNDRAISING CAMPAIGN  PLEDGE PROCESSING	Primary activity  Legal domicile (state or foreign country)  FUNDRAISING CAMPAIGN  PLEDGE PROCESSING  DE	Primary activity  Legal domicile (state or foreign country)  FUNDRAISING CAMPAIGN  PLEDGE PROCESSING  DE  N/A  UNITED WAY	Primary activity  Legal domicile (state or foreign country)  FUNDRAISING CAMPAIGN PLEDGE PROCESSING  DE N/A  Direct controlling entity (C corp, S corp, or trust)  Type of entity (C corp, S corp, or trust)  Type of entity (C corp, S corp, or trust)  Type of entity (C corp, S corp, or trust)	Primary activity  Legal domicile (state or foreign country)  FUNDRAISING CAMPAIGN  PLEDGE PROCESSING  DIFFICUMENT CONTROLLING PRICE CONTROLLING (C corp., S corp., or trust)  N/A  C CORP  UNITED WAY	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  (C corp, S corp, or trust)  Share of total income end-of-year assets  FUNDRAISING CAMPAIGN  PLEDGE PROCESSING  DE N/A  C CORP  0.  0.	Primary activity  Legal domicile (state or foreign country)  FUNDRAISING CAMPAIGN  PLEDGE PROCESSING  DE N/A  C CORP  O.  Share of total income end-of-year assets  Percentage ownership  O.  UNITED WAY	Primary activity  Legal domicile (state or foreign country)  Pundraising Campaign  Pledge Processing  Direct controlling entity  Pirect controlling entity  Corp, S corp, or trust)  Share of total income end-of-year assets  Percentage ownership  Primary activity  Legal domicile (state or foreign country)  Provided the processing of the processing entity (C corp, S corp, or trust)  Pledge Processing  DE N/A C CORP  O.  O.  UNITED WAY

Page 2

Schedule R (Form 990) 2021 UNITED WAY WORLDWIDE 13-1635294 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one	e or more rela	ated organizations listed ir	1 Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	d Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e	Х			
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)				1g		X		
h	n Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X X			
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	complete this	s line, including covered re	elationships and transaction thresholds.					
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved				
(1) <sup>[</sup>	UNITED WAY WORLDWIDE (ASIA) LIMITED B	3	317,893.	ACTUAL PAYMENTS					

Name of related organization
Transaction type (a-s)

Amount involved Method of determining amount involved

(1) UNITED WAY WORLDWIDE (ASIA) LIMITED

B
317,893. ACTUAL PAYMENTS

(2) UPPURPOSE, INC

M
1,017,975. ACTUAL PAYMENTS

(3) UNITED WAY OF THE BAY AREA

L
582,796. ACTUAL PAYMENTS

(4) UNITED WAY OF THE BAY AREA

P
125,275. ACTUAL PAYMENTS

(5) UNITED WAY OF THE BAY AREA

E
120,000. AMOUNT OWED

Yes No

Schedule R (Form 990) 2021 UNITED WAY WORLDWIDE 13-1635294 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership
	-									