

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: UNITED WAY WORLDWIDE
D Employer identification number: 13-1635294
E Telephone number: 703-836-7100
G Gross receipts \$: 105,105,515.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.UNITEDWAY.ORG
K Form of organization: Corporation
L Year of formation: 1932
M State of legal domicile: NY

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: BRUCE FRIEDMAN, EVP, CHIEF FINANCIAL OFFICER
Print/Type preparer's name: MARY O TORRETTA
Preparer's signature: Mary Torretta
Date: 10/26/2023
PIIN: P00847851
Firm's name: GRANT THORNTON LLP
Firm's EIN: 36-6055558
Firm's address: 1000 WILSON BLVD, SUITE 1500, ARLINGTON, VA 22209

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY WORLDWIDE	Taxpayer identification number (TIN) 13-1635294
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 701 NORTH FAIRFAX STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

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

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

BRUCE FRIEDMAN

- The books are in the care of ▶ 701 N. FAIRFAX STREET - ALEXANDRIA, VA 22314

Telephone No. ▶ 703-836-7100

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 or
▶ tax year beginning _____, and ending _____.

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

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

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

Product: **Exempt Extension**
 Name: **UNITED WAY WORLDWIDE**
 FEIN: *******5294**
 Bank Info:
 Fiscal Year Begin Date: **1/1/2022**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **12/31/2022**

IRS Center: **Ogden**
 e-Postmark: **3/31/2023 2:19 PM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/31/2023	22X:0198133-00001:V1	Upload Started			Hogben,Courtney	
03/31/2023	22X:0198133-00001:V1	Ready to Release by Customer				
03/31/2023	22X:0198133-00001:V1	Released for Transmission - Validation in Progress			Heggestad, Sarah	
03/31/2023	22X:0198133-00001:V1	Ready to transmit - Validation Complete				
03/31/2023	22X:0198133-00001:V1	Transmitted to FD	54432620230900350e15			
03/31/2023	22X:0198133-00001:V1	Accepted by FD on 3/31/2023				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,135,239. including grants of \$ 11,723,869.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 21,425,204. including grants of \$ 7,482,177.) (Revenue \$ 173,206.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 15,607,852. including grants of \$ 149,114.) (Revenue \$ 2,690,631.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 23,993,840. including grants of \$ 7,522,449.) (Revenue \$ 40,096,252.)

4e Total program service expenses 73,162,135.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 BRUCE FRIEDMAN - 703-836-7100
 701 N. FAIRFAX STREET, ALEXANDRIA, VA 22314

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA WILLIAMS CHIEF EXECUTIVE OFFICER	40.00 0.00			X				606,734.	0.	143,779.
(2) STEVE TAYLOR SVP & COUNSEL, PUB. POLICY (TO 8/22)	40.00 0.00					X		334,181.	0.	35,254.
(3) BRIAN GALLAGHER FORMER CEO	0.00 0.00						X	363,506.	0.	0.
(4) SONAL SHAH EVP, NETWORK OPERATIONS (1/22-12/22)	40.00 0.00				X			333,892.	0.	16,728.
(5) JOHN TAYLOR CHIEF INFO & TECH OFFICER (TO 7/22)	40.00 0.00					X		306,915.	0.	15,415.
(6) BRIAN LACHANCE SVP, CHIEF OF STAFF (TO 2/22)	40.00 0.00					X		309,183.	0.	7,051.
(7) ODESSA JACKSON GENERAL COUNSEL & CRO (BEG 3/22)	40.00 0.00			X				284,962.	0.	15,747.
(8) LADAWN NAEGLE EVP, CHIEF OF STAFF	40.00 0.00					X		264,498.	0.	33,127.
(9) LEONEL PARRA EVP, CHIEF FINANCIAL OFF (2/22-6/22)	40.00 0.00			X				290,283.	0.	5,725.
(10) KEVIN CLAYBON SVP, DATA INSIGHTS & RESEARCH	40.00 0.00					X		246,900.	0.	47,053.
(11) JACQUELINE GORDON EVP, PEOPLE & CULTURE	40.00 0.00				X			252,475.	0.	1,440.
(12) BRUCE FRIEDMAN SVP, FIN. & CONTROLLER (BEG 3/22)	40.00 0.00			X				199,270.	0.	36,311.
(13) OMOIYE KINNEY EVP, MARKETING & COMM. (BEG 2/22)	40.00 0.00				X			216,823.	0.	12,480.
(14) STANLEY LITTLE CHIEF EXP. OFFICER (TO 3/22)	40.00 0.00				X			210,477.	0.	12,130.
(15) LEE LOVE CHIEF INVESTOR REL. OFF. (TO 3/22)	40.00 0.00				X			185,716.	0.	14,218.
(16) ALICE ARCHCABAL EVP, DEVELOPMENT (BEG 6/22)	40.00 0.00				X			195,968.	0.	270.
(17) MARK SUTTON CHIEF FINANCIAL OFFICER (TO 2/22)	40.00 0.00			X				174,834.	0.	8,499.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. JULIETTE TUAKLI CHAIR (TO 6/22); AT-LARGE (TO 12/22)	2.00 0.00	X		X				0.	0.	0.
(19) MARC BITZER CHAIR OF THE BOARD (BEG 6/22)	2.00 0.00	X		X				0.	0.	0.
(20) MARIAME MCINTOSH ROBINSON VICE CHAIR OF THE BOARD	2.00 0.00	X		X				0.	0.	0.
(21) MIKE HAYDE TREAS. & CHAIR OF FIN. COMMITTEE	2.00 0.00	X		X				0.	0.	0.
(22) MARK HOWARD SECRETARY (BEG 7/22)	2.00 0.00	X		X				0.	0.	0.
(23) LUIS JAVIER CASTRO CHAIR OF AUDIT COMMITTEE (TO 7/22)	2.00 0.00	X						0.	0.	0.
(24) ANTHONY EARLEY CHAIR OF EXECUTIVE COMP. COMMITTEE	2.00 0.00	X						0.	0.	0.
(25) DAVID PRESCHLACK CHAIR OF GOVERNANCE COMMITTEE	2.00 0.00	X						0.	0.	0.
(26) SHARAN BURROW AT-LARGE BOARD MEMBER (TO 1/22)	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,776,617.	0.	405,227.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,776,617.	0.	405,227.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 90

	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	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BEYOND THE HORIZON TECHNOLOGY 3200 MAIN STREET, DALLAS, TX 75226	DIGITAL SERVICES	4,466,982.
FRONTSTREAM HOLDINGS LLC, 2093 PHILADELPHIA PIKE #1677, CLAYMONT, DE 19703	DIGITAL SERVICES	1,244,152.
RESOURCES CONNECTION, INC., 17101 ARMSTRONG AVE., #100, IRVINE, CA	PROFESSIONAL SERVICES	669,391.
BOSTON CONSULTING GROUP 200 PIER 4 BLVD, BOSTON, MA 02210	CONSULTING SERVICES	600,000.
EXPOUND DECISIONS SYSTEMS, INC., 6 APPLEWOOD CRES, GRIMSBY, ONTARIO, CANADA	INFORMATION TECHNOLOGY SERVICES	435,104.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 22

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHELE PARMELEE AT-LARGE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) HU SHULI AT-LARGE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) TONI TOWNES-WHITLEY AT-LARGE BOARD MEMBER (TO 12/22)	1.00 0.00	X						0.	0.	0.
(30) MARY MACK AT-LARGE BOARD MEMBER (TO 1/22)	1.00 0.00	X						0.	0.	0.
(31) BRIAN HULSEMAN-ABRAMS AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(32) LIZ SHULER AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(33) JAKE SIVOLA-FINCH AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(34) DEANNA STRABLE AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(35) FRANCESCO VANNI D'ARCHIRAFI AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(36) YURI FULMER AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(37) SWATI MYLAVARAPU AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(38) SUNEETH KATARKI AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(39) JULIANA AZEVEDO AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(40) ELAINE CHAO AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(41) ORVIN KIMBROUGH AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
(42) DAVID SHAFFER AT-LARGE BOARD MEMBER (BEG 7/22)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,298,291.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	53,057,599.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 595,376.				
	h Total. Add lines 1a-1f		54,355,890.				
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code					
		900099	38,443,282.	38,443,282.			
	b SERVICE INCOME	900099	3,386,030.	3,386,030.			
	c COURSE TUITION AND CONFERENCES	900099	873,175.	873,175.			
	d PROMOTIONAL MATERIAL SALES	900099	182,088.	182,088.			
	e OTHER	900099	75,514.	75,514.			
	f All other program service revenue						
g Total. Add lines 2a-2f		42,960,089.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		451,670.			451,670.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		366,205.			366,205.	
	6 a Gross rents	6a	(i) Real	285,750.			
			(ii) Personal				
			285,750.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	285,750.				
	d Net rental income or (loss)		285,750.			285,750.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,685,911.			
			(ii) Other				
			6,685,911.				
	b Less: cost or other basis and sales expenses	7b	6,605,520.				
c Gain or (loss)	7c	80,391.					
d Net gain or (loss)		80,391.			80,391.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		98,499,995.	42,960,089.	0.	1,184,016.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,834,117.	8,834,117.		
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	18,043,492.	18,043,492.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,504,416.	3,997,865.	269,363.	237,188.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	363,506.		363,506.	
7 Other salaries and wages	17,122,165.	14,180,404.	2,139,802.	801,959.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,026,494.	833,924.	139,130.	53,440.
9 Other employee benefits	1,264,810.	1,090,512.	104,414.	69,884.
10 Payroll taxes	1,588,768.	1,282,958.	223,594.	82,216.
11 Fees for services (nonemployees):				
a Management				
b Legal	291,683.	224,483.	53,089.	14,111.
c Accounting	284,125.		284,125.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,961.	38,132.	7,214.	7,615.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	22,900,752.	19,638,466.	2,024,565.	1,237,721.
12 Advertising and promotion	9,632.	7,285.	2,347.	
13 Office expenses	1,899,916.	1,817,479.	206,503.	-124,066.
14 Information technology	996,175.	732,862.	233,003.	30,310.
15 Royalties				
16 Occupancy	799,445.	644,603.	115,624.	39,218.
17 Travel	714,519.	616,455.	64,575.	33,489.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	208,712.	176,492.	29,191.	3,029.
20 Interest	144,802.		144,802.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,247,385.	997,908.	188,793.	60,684.
23 Insurance	807,739.	4,698.	802,795.	246.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSES	963,143.		963,143.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	84,068,757.	73,162,135.	8,359,578.	2,547,044.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	16,895,079.	1	5,791,383.
	2 Savings and temporary cash investments	425,620.	2	1,560,630.
	3 Pledges and grants receivable, net	12,903,127.	3	5,950,689.
	4 Accounts receivable, net	5,726,656.	4	3,369,870.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,360,967.	9	3,375,374.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,263,640.		
	b Less: accumulated depreciation	10b 31,337,255.	23,105,225.	10c 21,926,385.
	11 Investments - publicly traded securities	7,310,143.	11	28,671,096.
	12 Investments - other securities. See Part IV, line 11	5,387,758.	12	5,387,758.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	275,000.	14	0.
	15 Other assets. See Part IV, line 11	9,421,016.	15	9,788,721.
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,810,591.	16	85,821,906.	
Liabilities	17 Accounts payable and accrued expenses	13,272,944.	17	2,216,555.
	18 Grants payable		18	
	19 Deferred revenue	7,353,531.	19	6,784,168.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,451,542.	21	8,096,172.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	351,749.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,352,304.	25	6,652,768.
	26 Total liabilities. Add lines 17 through 25	36,782,070.	26	23,749,663.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,525,277.	27	38,924,419.
	28 Net assets with donor restrictions	35,503,244.	28	23,147,824.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	47,028,521.	32	62,072,243.
33 Total liabilities and net assets/fund balances	83,810,591.	33	85,821,906.	

Form 990 (2022)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,499,995.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,068,757.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,431,238.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,028,521.
5	Net unrealized gains (losses) on investments	5	-1,234,634.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,847,118.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,072,243.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	174,461,785.	196,680,596.	203,785,891.	68,676,336.	54,355,890.	697,960,498.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	174,461,785.	196,680,596.	203,785,891.	68,676,336.	54,355,890.	697,960,498.
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)						14,077,572.
6 Public support. Subtract line 5 from line 4.						683,882,926.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	174,461,785.	196,680,596.	203,785,891.	68,676,336.	54,355,890.	697,960,498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,453,755.	1,371,323.	1,051,479.	937,907.	1,103,625.	5,918,089.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						703,878,587.
12 Gross receipts from related activities, etc. (see instructions)					12	231,912,897.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	97.16	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	92.54	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 25,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,531,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,932,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,859,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,761,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,224,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,128,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED WAY WORLDWIDE	Employer identification number 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	59	
2 Aggregate value of contributions to (during year)	10,499,392.	
3 Aggregate value of grants from (during year)	12,359,250.	
4 Aggregate value at end of year	5,902,564.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,296,146.	15,787,066.	5,663,568.	4,663,051.	6,379,454.
b Contributions	890,800.	897,418.	9,622,145.	281,882.	181,413.
c Net investment earnings, gains, and losses	-779,788.	682,440.	1,517,900.	870,535.	-343,354.
d Grants or scholarships					1,554,462.
e Other expenditures for facilities and programs	152,069.	12,070,778.	1,016,547.	151,900.	
f Administrative expenses					
g End of year balance	5,255,089.	5,296,146.	15,787,066.	5,663,568.	4,663,051.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 25.7900 %
 - b Permanent endowment 74.2100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,102,080.		2,102,080.
b Buildings		41,574,368.	22,402,042.	19,172,326.
c Leasehold improvements				0.
d Equipment		8,070,724.	7,900,993.	169,731.
e Other		1,516,468.	1,034,220.	482,248.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,926,385.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIP INVESTMENT	5,387,758.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,387,758.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CUSTODIAL FUNDS (EFSP, YOURCAUSE, FRONTSTREAM)	7,667,662.
(2) OTHER ASSETS	825,963.
(3) CASH VALUE OF LIFE INSURANCE	515,394.
(4) CHARITABLE GIFT ANNUITY	428,509.
(5) DEFERRED COMPENSATION CUSTODIAL ASSETS	351,193.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,788,721.

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	4,717,559.
(3) POST RETIREMENT BENEFITS	939,042.
(4) NOTES PAYABLE TO UNITEDWAY MEMBERS	640,000.
(5) OTHER CURRENT LIABILITIES	356,167.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,652,768.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

EXPLANATION OF ESCROW AGREEMENT

IN 1983, A NATIONAL BOARD WAS CONVENED TO OVERSEE DISTRIBUTION OF FUNDS THROUGH THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP), A SEPARATE CONGRESSIONALLY AUTHORIZED PROGRAM OF DEPARTMENT OF HOMELAND SECURITY'S FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA). EACH YEAR, UWW HAS BEEN ELECTED BY THE EFSP NATIONAL BOARD TO SERVE AS ITS FISCAL AGENT. AS FISCAL AGENT, UWW IS THE INTERMEDIARY CUSTODIAN OF THE FUNDS AND IS RESPONSIBLE FOR THE DISBURSEMENT OF GRANTS AS DIRECTED BY THE NATIONAL BOARD. EFSP IS NOT CONSOLIDATED INTO THE ORGANIZATION'S FINANCIAL STATEMENTS. SINCE 1983, U.S. CONGRESS HAS ALLOCATED MORE THAN \$6.50 BILLION TO THE FEMA TO PROVIDE EMERGENCY FOOD AND SHELTER TO NEEDY INDIVIDUALS THROUGHOUT THE COUNTRY.

Part XIII Supplemental Information (continued)

DURING 2022 UWW CHARGED CERTAIN ADMINISTRATIVE EXPENSES TO EFSP TOTALING

\$327,772. AS OF DECEMBER 31, 2022 UNDISTRIBUTED BALANCES OF \$5,742,348

WERE INCLUDED IN THE CUSTODIAL FUNDS WITH A CORRESPONDING LIABILITY IN THE

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION OF UWW.

UWW ALSO MAINTAINS TWO FISCAL AGENT AGREEMENTS WITH THIRD PARTIES ON

BEHALF OF ITS MEMBERS TO PROVIDE DONATION PROCESSING SERVICES RELATED TO

CERTAIN EMPLOYEE GIVING CAMPAIGNS FEDERATED FUNDRAISING CAMPAIGNS).

BECAUSE THESE CAMPAIGNS ARE CONSIDERED "FUNDRAISING ACTIVITY" OF UWW'S

MEMBERS, UWW RECORDS NO REVENUE FROM THE TRANSACTIONS BUT DOES RECORD

COLLECTED FUNDS, NOT YET DISTRIBUTED BY THE THIRD-PARTY PROCESSORS, AS A

CUSTODIAL ASSET AND CUSTODIAL LIABILITY. AS OF DECEMBER 31, 2022, THE

FUND'S MARKET VALUE OF \$1,925,315 IS INCLUDED IN CUSTODIAL FUNDS.

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

BOARD DESIGNATED QUASI-ENDOWMENT - UWW'S BOARD HAS DESIGNATED FUNDS BE SET

ASIDE TO ESTABLISH AND MAINTAIN A QUASI-ENDOWMENT FOR THE PURPOSE OF

SECURING THE ORGANIZATION'S LONG-TERM FINANCIAL VIABILITY AND CONTINUING

TO MEET THE NEEDS OF THE ORGANIZATION.

DONOR RESTRICTED PERMANENT ENDOWMENT - THE ORGANIZATION'S DONOR RESTRICTED

ENDOWMENT CONSISTS OF TWO FUNDS, ONE ESTABLISHED FOR THE PURPOSE OF

PROVIDING HOME CARE AND ASSISTED LIVING TO THE ELDERLY POOR, WITH SPECIFIC

REFERENCE TO ASSISTING OLDER PEOPLE TO REMAIN IN THEIR OWN HOMES, AND THE

OTHER ESTABLISHED FOR THE PURPOSE OF PROVIDING GENERAL OPERATIONAL SUPPORT

FOR THE ORGANIZATION.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE

UWW FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. UWW HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization UNITED WAY WORLDWIDE	Employer identification number 13-1635294
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Part I 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING		308,199.
EAST ASIA AND THE PACIFIC	2	4	GRANTMAKING		4,964,343.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	GRANTMAKING		8,297,708.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		49,992.
NORTH AMERICA	1	0	GRANTMAKING		1,241,646.
SOUTH AMERICA	0	3	GRANTMAKING		968,104.
SOUTH ASIA	0	0	GRANTMAKING		1,603,499.
SUB-SAHARAN AFRICA	1	1	GRANTMAKING		610,000.
3 a Subtotal	5	12			18,043,491.
b Total from continuation sheets to Part I	0	0			5,850,261.
c Totals (add lines 3a and 3b)	5	12			23,893,752.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	11,028.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	19,084.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	261,344.
SOUTH AMERICA	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	143,809.
SOUTH ASIA	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	638.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	26,600.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		5,387,758.
Totals					5,850,261.

Part II **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) 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)
		EAST ASIA AND THE PACIFIC	EDUCATION / GENERAL CHARITABLE OPERATIONS	111,006.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMAN & SOCIAL SERVICES FOR REFUGEES	4,219,363.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	JOB TRAINING AND HUMAN SERVICES FOR DISADVANTAGED	24,474.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FIGHT AGAINST HUMAN TRAFFICKING	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FIGHTING HUNGER AND FOOD INSECURITY	30,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FIGHT AGAINST HUMAN TRAFFICKING	50,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	VOLUNTEERISM	32,000.	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 234

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	COVID RELIEF	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	73,317.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION / FOOD SECURITY	75,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	75,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	75,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	225,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	60,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	153,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	9,670.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	5,850.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	11,761.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	35,993.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION / FOOD SECURITY	227,394.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	340,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & PUBLIC SAFETY	450,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	5,137.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	6,227.	WIRE TRANSFER	0.		
		NORTH AMERICA	COMMUNITY DEVELOPMENT	7,030.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	COMMUNITY DEVELOPMENT	8,750.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	8,750.	WIRE TRANSFER	0.		
		NORTH AMERICA	COVID RELIEF	25,238.	WIRE TRANSFER	0.		
		NORTH AMERICA	COVID RELIEF	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	ENVIRONMENT	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION	10,380.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION	11,792.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATION	17,543.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION	17,962.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	18,895.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	285,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COVID RELIEF	90,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COVID RELIEF	9,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	9,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COVID RELIEF	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROFESSIONAL REHAB SERVICES FOR CHILDREN	10,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	EDUCATION	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DISASTER RELIEF & PUBLIC SAFETY	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	204,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL CHARITABLE OPERATIONS	45,655.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	19,811.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	8,689.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	10,259.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	5,962.	WIRE TRANSFER	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	22,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	95,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	95,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	5,714.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	1,000,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	1,000,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	52,071.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL CHARITABLE OPERATIONS	23,345.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL CHARITABLE OPERATIONS	33,083.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	9,400.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	EDUCATION	9,400.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENVIRONMENT	9,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	9,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	9,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	9,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	30,683.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	43,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	13,900.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	14,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	15,888.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	16,385.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	18,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ENVIRONMENT	41,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	7,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	HEALTH	7,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	HEALTH	7,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	ENVIRONMENTAL SUSTAINABILITY	8,307.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION	8,857.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	HEALTH	10,100.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	12,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	12,438.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION	13,469.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH	25,105.	WIRE TRANSFER	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	49,924.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	8,714.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	19,800.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION	21,795.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	DISASTER RELIEF & PUBLIC SAFETY	34,615.	WIRE TRANSFER	0.		
		SOUTH ASIA	FIGHT AGAINST HUMAN TRAFFICKING	47,620.	WIRE TRANSFER	0.		
		NORTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	58,296.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FIGHT AGAINST HUMAN TRAFFICKING	337,050.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FIGHT AGAINST HUMAN TRAFFICKING	337,050.	WIRE TRANSFER	0.		
		SOUTH ASIA	FIGHT AGAINST HUMAN TRAFFICKING	139,161.	WIRE TRANSFER	0.		
		NORTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	68,500.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FIGHT AGAINST HUMAN TRAFFICKING	27,150.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIGHT AGAINST HUMAN TRAFFICKING	13,950.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	9,223.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	15,648.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	39,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FIGHT AGAINST HUMAN TRAFFICKING	265,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIGHT AGAINST HUMAN TRAFFICKING	22,495.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	16,004.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	200,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	200,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	20,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF & PUBLIC SAFETY	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENVIRONMENTAL EDUCATION	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	25,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION / FOOD SECURITY	25,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	20,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	FIGHT AGAINST HUMAN TRAFFICKING	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	FIGHT AGAINST HUMAN TRAFFICKING	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	20,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	NUTRITION / FOOD SECURITY	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HUMAN & SOCIAL SERVICES	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NUTRITION / FOOD SECURITY	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENVIRONMENT	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NUTRITION / FOOD SECURITY	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FIGHTING HUNGER AND FOOD INSECURITY	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FIGHTING HUNGER AND FOOD INSECURITY	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FIGHTING HUNGER AND FOOD INSECURITY	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FIGHTING HUNGER AND FOOD INSECURITY	50,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FIGHTING HUNGER AND FOOD INSECURITY	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIGHTING HUNGER AND FOOD INSECURITY	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	30,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL CHARITABLE OPERATIONS	30,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION	30,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH	30,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	366,534.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	210,827.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	EDUCATION	20,064.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	20,064.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	20,064.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	20,064.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	20,064.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENT	31,968.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COMMUNITY DEVELOPMENT	6,542.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COMMUNITY DEVELOPMENT	6,900.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	13,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	EDUCATION	18,925.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	22,749.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RELIEF & PUBLIC SAFETY	35,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	35,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	35,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	FIGHT AGAINST HUMAN TRAFFICKING	35,713.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION EDUCATION FOR RURAL CHILDREN	7,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COVID 19 PANDEMIC RESPONSE	23,585.	WIRE TRANSFER	0.		
		NORTH AMERICA	EDUCATION - FELLOWSHIPS	7,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	EDUCATION - FELLOWSHIPS	11,715.	WIRE TRANSFER	0.		
		NORTH AMERICA	COMMUNITY DEVELOPMENT	19,041.	WIRE TRANSFER	0.		
		NORTH AMERICA	FOOD INSECURITY AND YOUTH	35,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	392,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DISASTER RELIEF & PUBLIC SAFETY - HURRICANE FIONA RELIEF	10,401.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DISASTER RELIEF & PUBLIC SAFETY - HURRICANE FIONA RELIEF	10,988.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TYPE 1 DIABETES SUPPORT FOR UNDER-RESOURCES COMMUNITIES	13,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	13,575.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	13,803.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	21,132.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	30,286.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	30,286.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	33,250.	WIRE TRANSFER	0.		
		SOUTH ASIA	GENERAL CHARITABLE OPERATIONS	11,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	169,641.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	10,047.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	16,917.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	15,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	18,632.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	38,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	HEALTH	11,800.	WIRE TRANSFER	0.		
		NORTH AMERICA	HEALTH	16,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	HEALTH	16,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH	33,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	7,690.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HIGHER EDUCATION ACCESS FOR UNDERRESOURCED	65,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUMAN & SOCIAL SERVICES	26,627.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL CHARITABLE OPERATIONS	8,697.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GENERAL CHARITABLE OPERATIONS	7,672.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	6,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	6,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	6,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	45,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	13,500.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MENTORING	70,755.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MENTORING PROGRAM & ENVIRONMENTALLY FRIENDLY BEHAVIOUR TRAINING	57,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NUTRITION / FOOD SECURITY	25,966.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		NORTH AMERICA	NUTRITION / FOOD SECURITY	6,810.	WIRE TRANSFER	0.		
		NORTH AMERICA	NUTRITION / FOOD SECURITY	26,858.	WIRE TRANSFER	0.		
		SOUTH AMERICA	NUTRITION / FOOD SECURITY	7,701.	WIRE TRANSFER	0.		
		SOUTH ASIA	NUTRITION / FOOD SECURITY	23,490.	WIRE TRANSFER	0.		
		SOUTH ASIA	NUTRITION / FOOD SECURITY	28,571.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NUTRITION EDUCATION FOR RURAL CHILDREN	76,500.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROFESSIONAL REHAB SERVICES FOR CHILDREN	10,094.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STEM EDUCATION	54,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TYPE 1 DIABETES SUPPORT FOR UNDER-RESOURCED COMMUNITIES	2,000,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, FMV, appraisal, other)
		SOUTH AMERICA	GENERAL CHARITABLE OPERATIONS	24,850.	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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 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)* 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 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)* 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 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)* 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 No

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 THE 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

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 2022 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

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
211 BIG BEND INC PO BOX 10950 TALLAHASSEE , FL 32302	51-0201771	501(C)(3)	64,630.	0.			HEALTH & HUMAN SERVICES
2-1-1 ORANGE COUNTY 1505 E. 17TH STREET SANTA ANA, CA 92705	33-0063532	501(C)(3)	39,608.	0.			HEALTH & HUMAN SERVICES
211 PALM BEACH TREASURE COAST, INC. - P.O. BOX 3588 - LANTANA, FL 33465-3588	23-7153017	501(C)(3)	40,000.	0.			HEALTH & HUMAN SERVICES
2-1-1 TAMPA BAY CARES, INC. 14155 58TH STREET N CLEARWATER, FL 33760	59-3355555	501(C)(3)	18,000.	0.			HEALTH & HUMAN SERVICES
211 WISCONSIN 2059 ATWOOD AVE MADISON, WI 53704	20-1376669	501(C)(3)	40,000.	0.			HEALTH & HUMAN SERVICES
ALBEMARLE AREA UNITED WAY, INC. PO BOX 293 ELIZABETH CITY, NC 27907-0293	23-7123601	501(C)(3)	10,000.	0.			HEALTH - COVID 19

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 282.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA UNITED WAY 200 NORTH VINEYARD BOULEVARD HONOLULU, HI 96817	99-0073494	501(C)(3)	10,000.	0.			HEALTH - COVID 19
BEAUFORT COUNTY UNITED WAY PO BOX 1963 WASHINGTON, NC 27889-1963	23-7128377	501(C)(3)	10,000.	0.			HEALTH - COVID 19
BLACK RIVER UNITED WAY, INC. PO BOX 1065 GEORGETOWN, SC 29442-1065	57-0526145	501(C)(3)	47,500.	0.			DISASTER RELIEF - HURRICANE IAN
BROOKINGS AREA UNITED WAY PO BOX 750 BROOKINGS, SD 57006-0750	23-7151498	501(C)(3)	10,000.	0.			HEALTH - COVID 19
BUREAU COUNTY UNITED WAY, INC. 618 NORTH MAIN STREET PRINCETON, IL 61356	51-0245216	501(C)(3)	10,000.	0.			HEALTH - COVID 19
CALIFORNIA HEALTH MEDICAL RESERVE CORP - 5955 GRANITE LAKE DR STE 160 - GRANITE BAY, CA 95746	47-4432518	501(C)(3)	300,000.	0.			HEALTH
CAPITAL AREA UNITED WAY, INC. 700 LAUREL ST BATON ROUGE, LA 70802	72-0447100	501(C)(3)	10,000.	0.			HEALTH - COVID 19
COMMUNITY LINK CAPITAL REGION 8001 FOLSOM BLVD SACRAMENTO, CA 95826	94-1201196	501(C)(3)	18,000.	0.			HEALTH & HUMAN SERVICES
CORNHUSKER UNITED WAY PO BOX 75 CRETE, NE 68333-0075	36-3236963	501(C)(3)	15,000.	0.			COVID RELIEF

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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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS CONNECTIONS 2901 THIRD AVENUE SEATTLE, WA 98121	91-0773187	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
DUBOIS AREA UNITED WAY 223 S. JARED STREET DU BOIS, PA 15801	25-1062271	501(C)(3)	10,000.	0.			COVID RELIEF
EDEN 18 R 570 B STREET HAYWARD, CA 94541	94-2339050	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES
ERATH COUNTY UNITED WAY 150 N HARBIN DR #309 STEPHENVILLE, TX 76401	23-7135816	501(C)(3)	35,000.	0.			HEALTH & HUMAN SERVICES
FIRST CALL FOR HELP OF BROWARD INC. DBA 2-1-1 BROWARD - 3317 NW 10TH TERRACE, SUITE #403 - FORT LAUDERDALE, FL 33309	65-0589294	501(C)(3)	162,200.	0.			HEALTH & HUMAN SERVICES
FONDOS UNIDOS DE PUERTO RICO PO BOX 191914 SAN JUAN, PR 00919-1914	66-0269222	501(C)(3)	40,298.	0.			COVID RELIEF
FOX VALLEY UNITED WAY 44 EAST GALENA BOULEVARD AURORA, IL 60505	36-2195467	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
FRANKLIN-SOUTHAMPTON AREA UNITED WAY - PO BOX 366 - FRANKLIN, VA 23851-0366	54-6043915	501(C)(3)	10,000.	0.			COVID RELIEF
FREE THE SLAVES 1320 19TH STREET NW WASHINGTON, DC 20036	56-2189635	501(C)(3)	30,000.	0.			COMBAT HUMAN TRAFFICKING

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GREAT RIVERS UNITED WAY, INC. 1855 E MAIN STREET ONALASKA, WI 54650-6727	39-0848188	501(C)(3)	25,000.	0.			ECONOMIC MOBILITY
GREATER GALLATIN UNITED WAY 945 TECHNOLOGY BLVD. BOZEMAN, MT 59718	81-0384820	501(C)(3)	10,000.	0.			COVID RELIEF
GREATER LONGVIEW UNITED WAY, INC. PO BOX 411 LONGVIEW, TX 75606-0411	75-0998908	501(C)(3)	15,000.	0.			COVID RELIEF
GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNEAPOLIS, MN 55404-1027	41-1973442	501(C)(3)	36,663.	0.			HEALTH & HUMAN SERVICES
GREEN MOUNTAIN UNITED WAY 652 GRANGER ROAD BARRE, VT 05641	03-0261384	501(C)(3)	10,000.	0.			COVID RELIEF
GREENE COUNTY UNITED WAY 748 E HIGH ST WAYNESBURG, PA 15370-1710	25-1382659	501(C)(3)	10,000.	0.			COVID RELIEF
HANDSON RIVER REGION 1537 JEAN STREET MONTGOMERY, AL 36107	63-0663412	501(C)(3)	61,265.	0.			HEALTH & HUMAN SERVICES
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	195,663.	0.			DISASTER RELIEF
HEART OF MAINE UNITED WAY 700 MAIN STREET SUITE 1 BANGOR, ME 04401	01-0211478	501(C)(3)	10,000.	0.			COVID RELIEF

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HEART OF MISSOURI UNITED WAY, INC. 105 EAST ASH STREET COLUMBIA, MO 65203	43-0735827	501(C)(3)	12,844.	0.			EQUITY ADVANCEMENT
HEART OF WEST MICHIGAN UNITED WAY UW CENTER GRAND RAPIDS, MI 49503-4106	38-1360923	501(C)(3)	12,190.	0.			COVID RELIEF
HELPLINE CENTER, INC. 3817 S ELMWOOD AVENUE SIOUX FALLS, SD 57108	23-7424387	501(C)(3)	121,955.	0.			HEALTH & HUMAN SERVICES
HENDERSON COUNTY UNITED WAY PO BOX 1435 ATHENS, TX 75751-1435	75-1638907	501(C)(3)	49,000.	0.			HEALTH & HUMAN SERVICES
INFO LINE OF SAN DIEGO COUNTY DBA 211 SAN DIEGO SAN DIEGO, CA 92123	33-1029843	501(C)(3)	40,000.	0.			HEALTH & HUMAN SERVICES
INFORMATION & REFERRAL FEDERATION OF LOS ANGELES COUNTY - DBA 211 LA COUNTY - SAN GABRIEL, CA 91776	95-3510017	501(C)(3)	30,000.	0.			HEALTH & HUMAN SERVICES
INLAND SOUTHERN CALIFORNIA 211+ PO BOX 1613 RIVERSIDE, CA 92502	95-2287250	501(C)(3)	12,690.	0.			COVID RELIEF
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD. SUITE 1 - CAMARILLO, CA 93012	95-2944459	501(C)(3)	158,300.	0.			HEALTH & HUMAN SERVICES
KISHWAUKEE UNITED WAY PO BOX 311 DEKALB, IL 60115-0311	36-6158489	501(C)(3)	10,000.	0.			COVID RELIEF

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LUBBOCK AREA UNITED WAY, INC. 1655 MAIN STREET, SUITE 101 LUBBOCK, TX 79401	75-0961812	501(C)(3)	10,000.	0.			COVID RELIEF
LUMBER RIVER UNITED WAY PO BOX 2652 LUMBERTON, NC 28359-2652	58-1636285	501(C)(3)	10,000.	0.			CRVMR RELME UNITED
MARET SCHOOL INC. 3000 CATHEDRAL AVE NW WASHINGTON, DC 20008	53-0211355	501(C)(3)	16,500.	0.			GENERAL CHARITABLE OPERATIONS
MAUI UNITED WAY 95 MAHALANI STREET, SUITE 24 WAILUKU, HI 96793	99-0086524	501(C)(3)	15,000.	0.			COMMUNITY INNOVATION
MILE HIGH UNITED WAY INC PO BOX 5547 DENVER, CO 80217-9425	84-0404235	501(C)(3)	28,585.	0.			HEALTH & HUMAN SERVICES
MOFFAT COUNTY UNITED WAY PO BOX 995 CRAIG, CO 81626-0995	84-0746208	501(C)(3)	10,000.	0.			COVID RELIEF
MONADNOCK UNITED WAY 23 CENTER ST KEENE, NH 03431-3351	02-0236885	501(C)(3)	10,000.	0.			COVID RELIEF
MONEY MANAGEMENT INTERNATIONAL, INC. - 12603 SOUTHWEST FREEWAY, SUITE 450, MB #8 - STAFFORD, TX 77477	54-1837741	501(C)(3)	39,000.	0.			HEALTH & HUMAN SERVICES
NACOGDOCHES AREA UNITED WAY PO BOX 630772 NACOGDOCHES, TX 75963-0772	75-1299909	501(C)(3)	10,000.	0.			COVID RELIEF

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NORTH TEXAS AREA UNITED WAY PO BOX 660 WICHITA FALLS, TX 76307	75-0950126	501(C)(3)	10,000.	0.			COVID RELIEF
OSHKOSH AREA UNITED WAY, INC. 21 WEST NEW YORK AVE. OSHKOSH, WI 54901-5259	39-1017908	501(C)(3)	10,000.	0.			COVID RELIEF
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	12,000.	0.			HEALTH & HUMAN SERVICES
POCONO MOUNTAINS UNITED WAY 301 MCCONNELL STREET STROUDSBURG, PA 18360	24-0797026	501(C)(3)	10,000.	0.			COVID RELIEF
RAPPAHANNOCK UNITED WAY, INC. 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408	54-6042936	501(C)(3)	7,800.	0.			ECONOMIC MOBILITY
RICE COUNTY AREA UNITED WAY PO BOX 56 NORTHFIELD, MN 55057-0056	41-6025711	501(C)(3)	10,000.	0.			COVID RELIEF
ROUTT COUNTY UNITED WAY PO BOX 774005 STEAMBOAT SPRINGS, CO 80477-4005	84-0920741	501(C)(3)	10,000.	0.			COVID RELIEF
SOLARI, INC. 1275 W. WASHINGTON ST., SUITE 210 TEMPE, AZ 85281	26-0446321	501(C)(3)	131,100.	0.			COMMUNITY DEVELOPMENT
SOURIS VALLEY UNITED WAY 1941 4TH ST SW MINOT, ND 58701	45-0308679	501(C)(3)	21,940.	0.			HEALTH & HUMAN SERVICES

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ST. MARYS AREA UNITED WAY 44 S SAINT MARYS ST SAINT MARYS, PA 15857-1667	25-1155475	501(C)(3)	10,000.	0.			COVID RELIEF
THE UNITED WAY OF WASHINGTON CTY., INC. - PO BOX 115 - GREENVILLE, MS 38702-0115	25-6070133	501(C)(3)	10,000.	0.			COVID RELIEF
TIFFIN-SENECA UNITED WAY PO BOX 368 TIFFIN, OH 44883-0368	34-6401399	501(C)(3)	10,000.	0.			COVID RELIEF
TREMENDOUS INC 228 PARK AVE S, #62949 NEW YORK, NY 10003	27-3255372	501(C)(3)	135,000.	0.			ECONOMIC MOBILITY
UNITED WAY & VOLUNTEER SERVICES OF GREATER YANKTON - 610 WEST 23RD STREET - YANKTON, SD 57078	46-0252854	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY ASSOCIATION OF SOUTH CAROLINA - 914 RICHLAND STREET - COLUMBIA, SC 29201	57-0515275	501(C)(3)	18,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY EMERALD COAST 112 TUPELO AVE SE FT WALTON BEACH, FL 32548	59-0972293	501(C)(3)	45,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE RD, 5TH FLOOR AUSTIN, TX 78752	74-1193439	501(C)(3)	64,270.	0.			HEALTH & HUMAN SERVICES
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W. GRAND BLVD., SUITE 500 - DETROIT, MI 48202	20-3099071	501(C)(3)	26,137.	0.			HEALTH & NUTRITION

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UNITED WAY MANITOWOC COUNTY, INC. 21 EAST WALDO BOULEVARD MANITOWOC, WI 54220	39-1099039	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF ALLEN COUNTY PO BOX 11784 FORT WAYNE, IN 46860-1784	35-0867932	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF BALDWIN COUNTY PO BOX 244 FOLEY, AL 36536-0244	63-1050217	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF BLAIR COUNTY 5414 SIXTH AVENUE ALTOONA, PA 16602	23-1352003	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF BLOUNT COUNTY 1615 E. BROADWAY AVENUE MARYVILLE, TN 37804-2913	23-7122193	501(C)(3)	10,000.	0.			EQUITY ADVANCEMENT
UNITED WAY OF BRAZORIA COUNTY PO BOX 1959 ANGLETON, TX 77516-1959	74-1362982	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF BREVARD COUNTY 1100 ROCKLEDGE BLVD, STE 300 ROCKLEDGE, FL 32955	59-0836384	501(C)(3)	19,000.	0.			DISASTER RELIEF
UNITED WAY OF BRISTOL, TN-VA PO BOX 696 BRISTOL, TN 37621-0696	62-0476656	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF BROOME COUNTY, INC. PO BOX 550 BINGHAMTON, NY 13902-0550	15-0564074	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF BUFFALO & ERIE COUNTY - 742 CLEVELAND AVENUE, - BUFFALO, NY 14209	16-0743969	501(C)(3)	105,284.	0.			ECONOMIC MOBILITY
UNITED WAY OF CALDWELL COUNTY PO BOX 1316 LENOIR, NC 28645-1316	56-6067038	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF CALIFORNIA 1107 FAIR OAKS AVENUE, SUITE 12 SOUTH PASADENA, CA 91030	94-1225382	501(C)(3)	40,000.	0.			HUMAN & SOCIAL SERVICES
UNITED WAY OF CASS-CLAY PO BOX 1609 FARGO, ND 58107-1609	41-0810008	501(C)(3)	37,000.	0.			COMMUNITY INNOVATION
UNITED WAY OF CAYUGA COUNTY, INC. TWO STATE STREET AUBURN, NY 13021	15-0586252	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF CENTRAL & SOUTHERN UTAH - 148 N 100 W - PROVO, UT 84601	94-2851681	501(C)(3)	41,600.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL ST. - HARTFORD, CT 06106-1374	06-0646653	501(C)(3)	32,752.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL FLORIDA 5605 US HWY 98 S LAKELAND, FL 33812	59-2116280	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL GEORGIA INC PO BOX 1302 MACON, GA 31202	58-0639811	501(C)(3)	21,300.	0.			HEALTH & HUMAN SERVICES

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UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 DES MOINES, IA 50314-2527	42-0680425	501(C)(3)	15,853.	0.			HEALTH & NUTRITION
UNITED WAY OF CENTRAL JERSEY 32 FORD AVE MILLTOWN, NJ 08850	22-1520408	501(C)(3)	41,519.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD, SUITE 340 BALTIMORE, MD 21230	52-0591543	501(C)(3)	65,270.	0.			COMMUNITY INNOVATION
UNITED WAY OF CENTRAL MASSACHUSETTS - 18 CHESTNUT STREET, SUITE 530 - WORCESTER, MA 01608-1880	04-2104017	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF CENTRAL MISSOURI 205 ALAMEDA DRIVE JEFFERSON CITY, MO 65109-1058	44-0595184	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE, 2ND FLOOR ALBUQUERQUE, NM 87106	85-0277138	501(C)(3)	13,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL NEW YORK, INC. - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073	501(C)(3)	40,284.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CENTRAL TEXAS, INC. PO BOX 1312 TEMPLE, TX 76503-1312	74-2575728	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF CENTRAL WEST VIRGINIA - ONE UNITED WAY SQUARE - CHARLESTON, WV 25301	55-0402755	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF CHAMPAIGN COUNTY 5 DUNLAP COURT SAVOY, IL 61874-9501	37-0662519	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CHARLOTTE COUNTY, INC. - 17831 MURDOCK CIRCLE, SUITE A - PORT CHARLOTTE, FL 33948	59-1149995	501(C)(3)	48,000.	0.			DISASTER RELIEF
UNITED WAY OF CHESTER COUNTY 150 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341	23-2131877	501(C)(3)	10,190.	0.			COMMUNITY INNOVATION
UNITED WAY OF COASTAL CAROLINA, INC. - PO BOX 1385 - NEW BERN, NC 28563-1385	56-6017934	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN ST STE 10 - BRIDGEPORT, CT 06604	06-0864341	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF COLLIER COUNTY, INC. 9015 STRADA STELL COURT NAPLES, FL 34109	59-1026096	501(C)(3)	48,000.	0.			DISASTER RELIEF
UNITED WAY OF COLQUITT COUNTY PO BOX 969 MOULTRIE, GA 31776-0969	58-0955533	501(C)(3)	23,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF CULLMAN COUNTY PO BOX 116 CULLMAN, AL 35056-0116	63-0416279	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF DANE COUNTY, INC. 2059 ATWOOD AVENUE MADISON, WI 53704	39-0817532	501(C)(3)	12,879.	0.			HEALTH

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UNITED WAY OF DECATUR AND MID ILLINOIS - 201 WEST ELDORADO STREET - DECATUR, IL 62522	37-0673475	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF DEFIANCE COUNTY, INC. - 608 CLINTON STREET - DEFIANCE, OH 43512	34-1657011	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF DELAWARE COUNTY, INC. - PO BOX 968 - MUNCIE, IN 47308	31-4223899	501(C)(3)	10,474.	0.			COVID RELIEF
UNITED WAY OF DODGE COUNTY 215 CORPORATE DR. BEAVER DAM, WI 53916	39-6030786	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF DOUGLAS COUNTY 645 VERMONT STREET #590 LAWRENCE, KS 66044	48-0796320	501(C)(3)	23,000.	0.			EQUITY ADVANCEMENT
UNITED WAY OF DUBUQUE AREA TRI-STATES - 215 W 6TH ST - DUBUQUE, IA 52001-6809	42-0761060	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF EAGLE RIVER VALLEY PO BOX 4153 EDWARDS, CO 81632	84-1360915	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE, SE #401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	12,000.	0.			COVID RELIEF
UNITED WAY OF EAST/CENTRAL TEXAS PO BOX 35 PALESTINE, TX 75802-0035	75-1298545	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF FORT SMITH AREA, INC. - 120 NORTH 13TH STREET - FORT SMITH, AR 72901	71-0329530	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF FREDERICK COUNTY, INC. - 629 N.MARKET STREET - FREDERICK, MD 21705-0307	52-0607973	501(C)(3)	26,000.	0.			ECONOMIC MOBILITY
UNITED WAY OF FREEBORN COUNTY, INC. - 2610 YH HANSON AVE. - ALBERT LEA, MN 56007	41-0956396	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF FRONT ROYAL/WARREN COUNTY - PO BOX 509 - FRONT ROYAL, VA 22630-0509	54-0741011	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GILMER, LEWIS AND UPSHUR, INC. - PO BOX 44 - WESTON, WV 26452-0044	55-0523686	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GLOUCESTER COUNTY, INC. - 454 CROWN POINT ROAD - THOROFARE, NJ 08086-2124	21-6006822	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GRAYS HARBOR 101 EAST MARKET, # 544 ABERDEEN, WA 98520-5208	91-0668368	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GRAYSON COUNTY, INC. PO BOX 1112 SHERMAN, TX 75091-1112	23-7087293	501(C)(3)	10,095.	0.			COVID RELIEF
UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST NE ATLANTA, GA 30303	58-0566194	501(C)(3)	352,820.	0.			HEALTH & HUMAN SERVICES / COMBAT HUMAN TRAFFICKING

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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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER BAYTOWN AREA & CHAMBERS COUNTY - 5309 DECKER DRIVE - BAYTOWN, TX 77520	74-1255656	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	48,706.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE. CLEVELAND, OH 44115-1819	34-6516654	501(C)(3)	15,379.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER HIGH POINT, INC. - 815 PHILLIPS AVE - HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	168,923.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY - 1114 EAST STATE STREET - LAFAYETTE, IN 47905	35-0891621	501(C)(3)	10,000.	0.			HEALTH & NUTRITION
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	323,222.	0.			ECONOMIC MOBILITY
UNITED WAY OF GREATER MCHENRY COUNTY, INC. - 4508 PRIME PKWY - MCHENRY, IL 60050-7004	36-6147909	501(C)(3)	118,000.	0.			COMMUNITY DEVELOPMENT

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UNITED WAY OF GREATER MERCER COUNTY, INC. - 3150 BRUNSWICK PIKE STE 230 - LAWRENCEVILLE, NJ 08648	21-0683073	501(C)(3)	12,260.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 W VINE ST - MILWAUKEE, WI 53212-3935	39-0806190	501(C)(3)	14,643.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER NASHUA 20 BROAD STREET NASHUA, NH 03064-2011	02-6015642	501(C)(3)	10,000.	0.			EQUITY ADVANCEMENT
UNITED WAY OF GREATER RICHMOND & PETERSBURG - 7814 CAROUSEL LANE, #400 - RICHMOND, VA 23294	23-7375346	501(C)(3)	29,379.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER ST. LOUIS, INC. - 910 N 11TH ST - SAINT LOUIS, MO 63101	43-0714167	501(C)(3)	23,770.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF GREATER TOLEDO 1001 MADISON AVE. STE.100 TOLEDO, OH 43604-1495	34-4427947	501(C)(3)	26,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF HALL COUNTY, INC. PO BOX 2656 GAINESVILLE, GA 30501	58-6011393	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF HENDERSON COUNTY, INC. - PO BOX 487 - HENDERSONVILLE, NC 28793-0487	56-0890133	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF HENRY COUNTY AND MARTINSVILLE - P.O. BOX 951 - MARTINSVILLE, VA 24114-0951	54-0753318	501(C)(3)	35,000.	0.			HEALTH

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UNITED WAY OF HOOD COUNTY PO BOX 1611 GRANBURY, TX 76048-8611	75-2794263	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF HORRY COUNTY, INC. PO BOX 50016 MYRTLE BEACH, SC 29579	57-0558692	501(C)(3)	47,500.	0.			DISASTER RELIEF
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306-4405	22-1487218	501(C)(3)	7,012.	0.			COVID RELIEF
UNITED WAY OF HUNT COUNTY, INC. PO BOX 224 GREENVILLE, TX 75403-0224	75-0971619	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF HUNTINGTON COUNTY, INC. - PO BOX 347 - HUNTINGTON, IN 46750-0347	35-1134872	501(C)(3)	48,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF IDAHO FALLS AND BONNEVILLE COUNTY, INC. - P.O. BOX 51114 - IDAHO FALLS, ID 83405-1114	82-0233588	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961-1960	59-1087090	501(C)(3)	24,250.	0.			DISASTER RELIEF
UNITED WAY OF INDIANA COUNTY 655 CHURCH STREET, SUITE 114 INDIANA, PA 15701	25-1088186	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF IREDELL COUNTY 305 N. CENTER STREET STATESVILLE, NC 28687	56-0792674	501(C)(3)	11,040.	0.			HEALTH & HUMAN SERVICES

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UNITED WAY OF JACKSON COUNTY 60 HAWTHORNE ST. MEDFORD, OR 97504	93-0576632	501(C)(3)	50,000.	0.			HUMAN & SOCIAL SERVICES / COVID RELIEF
UNITED WAY OF KENNEBEC VALLEY 331 WATER STREET, SUITE 5 AUGUSTA, ME 04330	01-6004404	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF KENOSHA COUNTY 5500 6TH AVENUE, SUITE 210 KENOSHA, WI 53140	39-0806285	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF KING COUNTY 720 2ND AVE SEATTLE, WA 98104-1702	91-0565555	501(C)(3)	262,940.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF KITSAP COUNTY 645 4TH STREET BREMERTON, WA 98337	91-0623990	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF KNOX COUNTY, INC. 311 E. MAIN STREET GALESBURG, IL 61401-4607	37-0844009	501(C)(3)	12,500.	0.			COMBAT HUMAN TRAFFICKING
UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA, SUITE B MORRISVILLE, VT 05661	22-2774485	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR LANCASTER, PA 17601	23-1352093	501(C)(3)	15,379.	0.			HEALTH & NUTRITION
UNITED WAY OF LANE COUNTY 3171 GATEWAY LOOP SPRINGFIELD, OR 97477	83-0186435	501(C)(3)	57,810.	0.			HEALTH & HUMAN SERVICES

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UNITED WAY OF LEE COUNTY, INC. 507 N. STEELE STREET, ROOM 209 SANFORD, NC 27330	23-7107722	501(C)(3)	48,500.	0.			DISASTER RELIEF
UNITED WAY OF LEFLORE COUNTY, INC. PO BOX 524 GREENWOOD, MS 38935-0524	64-0658898	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF LINCOLN & LANCASTER COUNTY - 238 S 13TH ST - LINCOLN, NE 68508	47-0376624	501(C)(3)	34,400.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF LINN, BENTON & LINCOLN COUNTIES - PO BOX 905 - ALBANY, OR 97321-0333	93-0470252	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF LOUDON COUNTY PO BOX 145 KNOXVILLE, TN 37771	23-7212307	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF LOWNDES COUNTY PO BOX 266 COLUMBUS, MS 39703-0266	64-0567987	501(C)(3)	47,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF MADISON COUNTY, INC. 701 ANDREW JACKSON WAY, NE HUNTSVILLE, AL 35801	63-0366294	501(C)(3)	80,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF MARATHON COUNTY, INC. - 705 S. 24TH AVE - WAUSAU, WI 54401	39-0935496	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MARION COUNTY, INC. 1401 NE 2ND ST OCALA, FL 34470	31-0641236	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF MARQUETTE COUNTY PO BOX 73 MARQUETTE, MI 49855-0073	38-1358204	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MARTIN COUNTY, INC. 10 SE CENTRAL PARKWAY STUART, FL 34994	23-7273540	501(C)(3)	6,500.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF MAURY COUNTY, INC. P.O. BOX 222 COLUMBIA, TN 38402-0222	62-6014994	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MCMINN AND MEIGS COUNTIES - PO BOX 1681 - ATHENS, TN 37303	23-7127376	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MERIDEN AND WALLINGFORD, INC. - 35 PLEASANT ST SUITE 1E - MERIDEN, CT 06450-5786	06-0646715	501(C)(3)	10,095.	0.			COVID RELIEF
UNITED WAY OF MESA COUNTY PO BOX 153 GRAND JUNCTION, CO 81502-0153	84-0503686	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR - DALLAS, TX 75202	75-6005352	501(C)(3)	166,046.	0.			HEALTH & NUTRITION
UNITED WAY OF MIDLAND COUNTY 220 WEST MAIN ST, STE 100 MIDLAND, MI 48640-5137	38-1434224	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MOJAVE VALLEY PO BOX 362 BARSTOW, CA 92312	95-2431051	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF MONTCALM- IONIA COUNTIES - 302 SOUTH BRIDGE STREET - BELDING, MI 48809	23-7136978	501(C)(3)	12,000.	0.			COVID RELIEF
UNITED WAY OF MONTEREY COUNTY 60 GARDEN ROAD MONTEREY, CA 93940	94-1322169	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MORGAN COUNTY PO BOX 1058 DECATUR, AL 35602-1058	63-0358762	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MORGAN COUNTY COLORADO - PO BOX 1425 - FORT MORGAN, CO 80701-1425	84-0564018	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF MUSCATINE, INC. PO BOX 797 MUSCATINE, IA 52761-0014	42-0761080	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NEVADA COUNTY PO BOX 2733 GRASS VALLEY, CA 95945-2733	68-0007201	501(C)(3)	17,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET NEW YORK, NY 10017	13-2617681	501(C)(3)	33,284.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF NORMAN, INC. 2424 SPRINGER DRIVE, SUITE 304 NORMAN, OK 73069	73-0668684	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NORTH CAROLINA 1130 KILDARE FARM ROAD CARY, NC 27511	56-0564547	501(C)(3)	98,000.	0.			COMMUNITY DEVELOPMENT

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UNITED WAY OF NORTHEAST ARKANSAS 407 UNION ST. JONESBORO, AR 72401	71-6057164	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NORTHEAST FLORIDA, INC. - 40 E. ADAMS STREET, SUITE 301 - JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	47,737.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF NORTHEASTERN MINNESOTA - 608 EAST DRIVE - CHISHOLM, MN 55719	41-0908454	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NORTHEASTERN SD, INC. - PO BOX 1065 - ABERDEEN, SD 57402-1065	23-7086355	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NORTHERN CHAUTAUQUA COUNTY - 626 CENTRAL AVE - DUNKIRK, NY 14048-2517	16-0811787	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NORTHERN NEVADA AND THE SIERRA - 639 ISBELL ROAD, SUITE 460 - RENO, NV 89509	88-0059327	501(C)(3)	75,800.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF NORTHERN NEW JERSEY PO BOX 6835 BRIDGEWATER, NJ 88077	22-1487247	501(C)(3)	18,528.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF NORTHERN NY, INC. 200 WASHINGTON ST STE 402A WATERTOWN, NY 13601-3335	15-0543356	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF NORTHERN SHENANDOAH VALLEY - P.O. BOX 460 - WINCHESTER, VA 22601	54-0525106	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF NORTHWEST ALABAMA PO BOX 1228 FLORENCE, AL 35631-1228	63-0873878	501(C)(3)	36,000.	0.			COVID RELIEF / ECONOMIC MOBILITY
UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD ST LOWELL, AR 72745	71-0305700	501(C)(3)	59,895.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF OLMSTED COUNTY, INC. 903 W CENTER ST STE 100 ROCHESTER, MN 55902-6278	41-0695594	501(C)(3)	10,000.	0.			EQUITY ADVANCEMENT
UNITED WAY OF ONSLOW COUNTY, INC. 403 N. BAYSHORE BLVD. JACKSONVILLE, NC 28540	23-7356577	501(C)(3)	14,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVE WEST PALM BEACH, FL 33401	59-0683258	501(C)(3)	14,706.	0.			COVID RELIEF
UNITED WAY OF PALO PINTO COUNTY, INC. - PO BOX 1223 - MINERAL WELLS, TX 76068-1223	75-0922700	501(C)(3)	22,500.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401	91-0650669	501(C)(3)	25,000.	0.			HEALTH
UNITED WAY OF PULLMAN PO BOX 426 PULLMAN, WA 99163-0426	91-0853374	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF RENO COUNTY, INC. PO BOX 2230 HUTCHINSON, KS 67504-2230	48-0833061	501(C)(3)	10,000.	0.			COVID RELIEF

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UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909-2459	05-0276059	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF RICHLAND COUNTY 35 PARK ST N MANSFIELD, OH 44902-1722	34-0714455	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST STE 300 ROCKFORD, IL 61103-6998	36-2167843	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF ROME & FLOYD COUNTY, INC. - 202 E. 3RD AVENUE - ROME, GA 30161	58-0665393	501(C)(3)	26,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF RUTHERFORD P. O. BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF RUTLAND COUNTY, INC. 88 PARK STREET RUTLAND, VT 05701-3411	03-6000224	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE FL 3 SAGINAW, MI 48607-1274	38-1358215	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SALT LAKE 257 E 200 SOUTH SALT LAKE CITY, UT 84111-8099	87-0227091	501(C)(3)	106,000.	0.			COMMUNITY DEVELOPMENT / HEALTH & HUMAN SERVICES
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - P.O. BOX 898 - SAN ANTONIO, TX 78148	81-2566792	501(C)(3)	103,000.	0.			ECONOMIC MOBILITY

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UNITED WAY OF SANDUSKY COUNTY, INC. - 826 W. STATE ST. - FREMONT, OH 43420	34-4479790	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101-1707	95-1641968	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA RD STE 106 CAPITOLA, CA 95010	94-1422471	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTH CENTRAL ILLINOIS - PO BOX 711 - MOUNT VERNON, IL 62864-0049	37-1149287	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTH CENTRAL KENTUCKY - P.O. BOX 861 - SOMERSET, KY 42502-0861	23-7169364	501(C)(3)	16,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF SOUTH CENTRAL NEBRASKA - 301 S. BURLINGTON AVE - HASTINGS, NE 68901	47-0402359	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTH MISSISSIPPI, INC. - PO BOX 2128 - GULFPORT, MS 39505-2128	64-0826356	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTH SARASOTA COUNTY, INC. - 4242 SOUTH TAMiami TRAIL - VENICE, FL 34293	59-1100846	501(C)(3)	38,000.	0.			DISASTER RELIEF
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119-6435	72-0471369	501(C)(3)	39,190.	0.			HEALTH & HUMAN SERVICES

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UNITED WAY OF SOUTHEAST MISSOURI 1417 NORTH MOUNT AUBURN ROAD CAPE GIRARDEAU, MO 63701	43-0991233	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHEASTERN CONNECTICUT - 283 STODDARDS WHARF ROAD - GALES FERRY, CT 06335-0375	06-0771393	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHERN CAMERON COUNTY - 634 EAST LEVEE ST. - BROWNSVILLE, TX 78520	74-1241385	501(C)(3)	75,000.	0.			COMBAT HUMAN TRAFFICKING
UNITED WAY OF SOUTHERN CHESTER COUNTY - PO BOX 362 - KENNETT SQUARE, PA 19348-0362	23-1260899	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHERN ILLINOIS P O BOX 1901 MARION, IL 62959-8101	37-1375842	501(C)(3)	13,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF SOUTHERN KENTUCKY, INC. - P.O. BOX 3330 - BOWLING GREEN, KY 42102-3330	61-0590564	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHERN NEVADA P.O. BOX 30910 LAS VEGAS, NV 89173	88-0071328	501(C)(3)	100,000.	0.			COMMUNITY INNOVATION / COMBAT HUMAN TRAFFICKING
UNITED WAY OF SOUTHERN WEST VIRGINIA, INC. - 110 CROFT STREET - BECKLEY, WV 25801	55-0562858	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHWEST ALABAMA, INC. - PO DRAWER 89 218 ST FRANCIS ST - MOBILE, AL 36601	63-0351568	501(C)(3)	14,000.	0.			COVID RELIEF

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UNITED WAY OF SOUTHWEST GEORGIA PO BOX 70429 ALBANY, GA 31708-0429	58-0655156	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHWEST LOUISIANA, INC. - 815 RYAN ST - LAKE CHARLES, LA 70601	72-0456901	501(C)(3)	15,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE. ST. JOSEPH, MI 49085	38-1358411	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF SOUTHWEST MISSOURI 3510 EAST 3RD STREET JOPLIN, MO 64801	44-0556865	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF SOUTHWESTERN OREGON PO BOX 1288 COOS BAY, OR 97420-0324	93-0503188	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVE - PITTSBURGH, PA 15222	28-1043578	501(C)(3)	41,379.	0.			COVID RELIEF
UNITED WAY OF ST. JOHNS COUNTY 117 BRIDGE STREET ST AUGUSTINE, FL 32085-0625	59-6018986	501(C)(3)	95,200.	0.			DISASTER RELIEF
UNITED WAY OF ST. JOSEPH COUNTY, INC. - 3517 E JEFFERSON BLVD. - SOUTH BEND, IN 46615	35-1063368	501(C)(3)	62,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF ST. LUCIE COUNTY 4800 S US HIGHWAY 1 FORT PIERCE, FL 34982-7078	59-6212157	501(C)(3)	10,000.	0.			COVID 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) 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 STEELE COUNTY 1850 AUSTIN ROAD OWATONNA, MN 55060	23-7366680	501(C)(3)	21,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH ST. AKRON, OH 44308	34-1169257	501(C)(3)	103,959.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF THE BAY AREA 550 KEARNEY STREET SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	13,940.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF THE BRAZOS VALLEY, INC. - 1716 BRIARCREST DRIVE - BRYAN, TX 77802	74-0250241	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE COASTAL EMPIRE, INC. - 428 BULL STREET - SAVANNAH, GA 31401-4963	58-0623623	501(C)(3)	26,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF THE DUTCHESS - ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601	06-1045698	501(C)(3)	52,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF THE GREATER CLARKSVILLE REGION, INC. - 529 NORTH SECOND STREET - CLARKSVILLE, TN 37040-3822	62-6014536	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE LOWCOUNTRY, INC. PO BOX 202 BEAUFORT, SC 29902	57-0405847	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE MIDLANDS 2201 FARNAM STREET, STE 200 OMAHA, NE 68102-1908	47-0376605	501(C)(3)	38,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE NATIONAL CAPITAL AREA - 8614 WESTWOOD CENTER DRIVE, STE 300 - VIENNA, VA 22182	53-0234290	501(C)(3)	65,922.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE NAVAJO NATION PO BOX 309 WINDOW ROCK, AZ 86515-0309	94-2819114	501(C)(3)	23,100.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF THE OCOEE REGION, INC. - PO BOX 193 - CLEVELAND, TN 37311	62-0548418	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304-5624	57-0314377	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE PLAINS 245 N. WATER ST. WICHITA, KS 67202	48-0547688	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE SOUTH CENTRAL MICHIGAN - 709 S WESTNEDGE AVENUE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE SOUTHERN TIER 300 NASSER CIVIC CENTER PLAZA CORNING, NY 14830-2832	16-1451041	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF THE TITUSVILLE REGION - PO BOX 401 - TITUSVILLE, PA 16354-0401	25-0908688	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN RD SE WARREN, OH 44484-2832	34-1083629	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF VERNON COUNTY 201 E CHERRY ST STE 203 NEVADA, MO 64772-3374	44-0609483	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF VOLUSIA-FLAGLER CO., INC. - 1530 CORNERSTONE BLVD - DAYTONA BEACH, FL 32124	59-1099774	501(C)(3)	128,250.	0.			COVID RELIEF
UNITED WAY OF WACO-MCLENNAN COUNTY 1516 AUSTIN AVE. WACO, TX 76701	74-1189027	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WASHINGTON COUNTY MARYLAND INC - 83 W WASHINGTON ST - HAGERSTOWN, MD 21740	52-0691704	501(C)(3)	33,200.	0.			COMMUNITY DEVELOPMENT / COVID RELIEF
UNITED WAY OF WAYNE & HOLMES COUNTIES, INC. - 215 S WALNUT STREET - WOOSTER, OH 44691-4753	34-0946973	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WEST ALABAMA, INC. PO BOX 2291 TUSCALOOSA, AL 35403-2291	63-0321464	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WEST CENTRAL CONNECTICUT - 440 N. MAIN STREET - BRISTOL, CT 06010	06-0653262	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WEST CENTRAL MISSISSIPPI - P.O. BOX 203 - VICKSBURG, MS 39181-0203	64-0330259	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WEST TENNESSEE, INC. 470 N PARKWAY, SUITE B JACKSON, TN 38305	62-0590257	501(C)(3)	10,000.	0.			COVID 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) 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 WESTCHESTER AND PUTNAM, INC. - 336 CENTRAL PARK AVE - WHITE PLAINS, NY 10606	13-1997636	501(C)(3)	134,800.	0.			COMMUNITY DEVELOPMENT / HEALTH & HUMAN SERVICES
UNITED WAY OF WESTERN CONNECTICUT 301 MAIN STREET DANBURY, CT 06810	06-0646577	501(C)(3)	10,948.	0.			COVID RELIEF
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY STE 106 SCOTTSBLUFF, NE 69361-3184	47-0424788	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WESTERN ORLEANS COUNTY - PO BOX 468 - ALBION, NY 14411	16-6050713	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WHATCOM COUNTY 1500 CORNWALL AVENUE BELLINGHAM, WA 98225-4522	91-0570788	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WHITESIDE COUNTY PO BOX 806 STERLING, IL 61081-0806	36-1020935	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY OF WISCONSIN 2059 ATWOOD AVE. MADISON, WI 53704-6608	39-1609340	501(C)(3)	30,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF YELLOWSTONE COUNTY 2920 2ND AVENUE NORTH BILLINGS, MT 59103	81-0287507	501(C)(3)	10,000.	0.			COVID RELIEF
UNITED WAY SUNCOAST 5201 W. KENNEDY BOULEVARD TAMPA, FL 33609-1820	59-3725701	501(C)(3)	219,803.	0.			COMMUNITY DEVELOPMENT / 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) 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 TAR RIVER REGION 2501 SUNSET AVENUE ROCKY MOUNT, NC 27804	56-0611545	501(C)(3)	10,000.	0.			COVID RELIEF
VIA VISUALLY IMPAIRED ADVANCEMENT 1170 MAIN STREET BUFFALO, NY 14209	16-0743930	501(C)(3)	81,000.	0.			HUMAN & SOCIAL SERVICES
VOLUNTEER GROUPS ALLIANCE 3552 FOXHALL DRIVE DAVIDSONVILLE, MD 21035	88-1199307	501(C)(3)	18,339.	0.			COMMUNITY DEVELOPMENT
WASHINGTON HUMANE SOCIETY 71 OGLETHORPE ST., NW WASHINGTON, DC 20011	53-0219724	501(C)(3)	8,500.	0.			GENERAL CHARITABLE OPERATIONS
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	10,000.	0.			GENERAL CHARITABLE OPERATIONS
WYOMING 2-1-1, INC. 1007 EAST LINCOLNWAY CHEYENNE, WY 82001	27-1295740	501(C)(3)	13,000.	0.			HEALTH & HUMAN SERVICES
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	7,000.	0.			GENERAL CHARITABLE OPERATIONS

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

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

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

PART I, LINE 2:

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 REQUIRED 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 THE

Part IV Supplemental Information

AUTHORIZED FINANCE PERSONNEL OF THE GRANTEE ORGANIZATION. THESE REPORTS ARE

REVIEWED BY THE DESIGNATED UNITED WAY WORLDWIDE MANAGER OVERSEEING THE

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

FUNDING WAS REQUESTED.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANGELA WILLIAMS CHIEF EXECUTIVE OFFICER	(i)	586,062.	0.	20,672.	108,156.	35,623.	750,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVE TAYLOR SVP & COUNSEL, PUB. POLICY (TO 8/22)	(i)	176,601.	0.	157,580.	14,806.	20,448.	369,435.	15,678.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN GALLAGHER FORMER CEO	(i)	0.	0.	363,506.	0.	0.	363,506.	71,819.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SONAL SHAH EVP, NETWORK OPERATIONS (1/22-12/22)	(i)	327,191.	0.	6,701.	0.	16,728.	350,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN TAYLOR CHIEF INFO & TECH OFFICER (TO 7/22)	(i)	149,681.	0.	157,234.	6,921.	8,494.	322,330.	2,341.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN LACHANCE SVP, CHIEF OF STAFF (TO 2/22)	(i)	34,058.	0.	275,125.	4,592.	2,459.	316,234.	678.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ODESSA JACKSON GENERAL COUNSEL & CRO (BEG 3/22)	(i)	275,484.	0.	9,478.	0.	15,747.	300,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LADAWN NAEGLER EVP, CHIEF OF STAFF	(i)	259,061.	0.	5,437.	2,545.	30,582.	297,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LEONEL PARRA EVP, CHIEF FINANCIAL OFF (2/22-6/22)	(i)	115,155.	0.	175,128.	0.	5,725.	296,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN CLAYBON SVP, DATA INSIGHTS & RESEARCH	(i)	242,787.	0.	4,113.	10,564.	36,489.	293,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JACQUELINE GORDON EVP, PEOPLE & CULTURE	(i)	244,249.	0.	8,226.	1,440.	0.	253,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRUCE FRIEDMAN SVP, FIN. & CONTROLLER (BEG 3/22)	(i)	191,741.	0.	7,529.	0.	36,311.	235,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) OMOIYE KINNEY EVP, MARKETING & COMM. (BEG 2/22)	(i)	211,414.	0.	5,409.	0.	12,480.	229,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) STANLEY LITTLE CHIEF EXP. OFFICER (TO 3/22)	(i)	82,328.	0.	128,149.	2,772.	9,358.	222,607.	4,002.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LEE LOVE CHIEF INVESTOR REL. OFF. (TO 3/22)	(i)	64,490.	0.	121,226.	3,742.	10,476.	199,934.	14,120.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ALICE ARCHCABAL EVP, DEVELOPMENT (BEG 6/22)	(i)	189,730.	0.	6,238.	0.	270.	196,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARK SUTTON CHIEF FINANCIAL OFFICER (TO 2/22)	(i)	26,536.	0.	148,298.	4,509.	3,990.	183,333.	30,579.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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, LINE 4A:

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 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 OF OTHER REPORTABLE COMPENSATION:

STEVE TAYLOR \$108,917

BRIAN GALLAGHER \$102,307

JOHN TAYLOR \$129,708

BRIAN LACHANCE \$260,123

LEONEL PARRA \$162,500

STANLEY LITTLE \$84,615

LEE LOVE \$81,250

MARK SUTTON \$88,846

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	595,376.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

SECURITIES - PUBLICLY TRADED

REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE M, PART I, LINE 9.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

FOR 136 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
WORLD'S LARGEST PRIVATELY FUNDED CHARITIES, THE UNITED WAY NETWORK
SERVES 95% OF U.S. COMMUNITIES AND 37 COUNTRIES AND TERRITORIES. 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. IN 2022 UNITED WAY WAS THE MISSION OF
CHOICE FOR 1.5 MILLION VOLUNTEERS, 6.8 MILLION DONORS, AND 45,000
CORPORATE PARTNERS IN MORE THAN 1,100 COMMUNITIES WORLDWIDE.

UNITED WAY WORLDWIDE (UWW) IS THE NETWORK'S GLOBAL LEADERSHIP
ORGANIZATION, BASED IN ALEXANDRIA, VIRGINIA. 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.
UWW PROVIDES SUPPORT FOR THE GLOBAL NETWORK IN KEY PROGRAMMATIC AREAS
OF BRAND STEWARDSHIP, GLOBAL FUNDRAISING AT SCALE, ADVOCACY AND PUBLIC
POLICY, AND LEADERSHIP DEVELOPMENT AND TRAINING. UWW IS LARGELY FUNDED
BY MEMBERSHIP DUES FROM THE UNITED WAY NETWORK. THESE LOCAL, STATE,
REGIONAL AND COUNTY UNITED WAYS AROSS THE WORLD ARE AUTONOMOUS
CHARITABLE ORGANIZATIONS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

PROGRAM SERVICE ACTIVITY 1

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

Schedule O (Form 990) 2022

232211 10-28-22

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

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

GLOBAL NETWORK ADVANCEMENT - THE GLOBAL NETWORK ADVANCEMENT TEAM

PROVIDES GOVERNANCE, RESOURCE DEVELOPMENT, PROGRAM CAPACITY BUILDING

SUPPORT, MEMBER GRANT DISTRIBUTION SERVICES, AND TRAINING TO UNITED WAY

MEMBERS AROUND THE WORLD.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

DIGITAL SERVICES - THE UNITED WAY DIGITAL SERVICES TEAM COLLABORATES

WITH THE UNITED WAY NETWORK IN REGARD TO DIGITAL TECHNOLOGY-BASED DONOR

ENGAGEMENT STRATEGIES.

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

BRAND STRATEGY AND MARKETING - THE BRAND STRATEGY AND MARKETING TEAM

PROVIDES SUPPORT IN ALL BRAND IDENTITY TO UNITED WAY MEMBERS AND

Name of the organization UNITED WAY WORLDWIDE	Employer identification number 13-1635294
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CONSISTENCY MATTERS INCLUDING MARKETING, ADVERTISING AND OUR

PROMOTIONAL OPPORTUNITIES DESIGNED TO PROMOTE INDIVIDUAL PARTICIPATION

IN ADVANCING THE COMMON GOOD AND TO STRENGTHEN TRUST IN THE UNITED WAY

BRAND AROUND THE WORLD.

FUNDRAISING - FUNDRAISING INCLUDES THE FUNCTIONS NECESSARY TO SECURE

FINANCIAL SUPPORT FOR THE WORK OF UWW AND ITS MEMBERS.

EXPENSES \$ 23,993,840. INCL GRANTS OF \$ 7,522,449. REVENUE \$ 40,096,252.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CANADA, SWITZERLAND, HONG KONG, SWAZILAND

FORM 990, PART VI, SECTION A, LINE 3:

BRUCE FRIEDMAN WAS PAID \$50,364 FOR SERVICES HE PROVIDED TO UWW WHILE

WORKING FOR RESOURCES GLOBAL PROFESSIONALS UNTIL HE WAS MADE AN EMPLOYEE IN

MARCH 2022.

FORM 990, PART VI, SECTION A, LINE 4:

EFFECTIVE JULY 2022, UNITED WAY WORLDWIDE AMENDED ITS GOVERNING DOCUMENTS

TO DISSOLVE THE NON-VOTING U.S.A. NATIONAL BOARD. THE THEN-SERVING MEMBERS

OF THE U.S.A. NATIONAL BOARD WHO WERE WILLING AND ABLE TO SERVE ON THE

BOARD OF TRUSTEES BECAME MEMBERS OF THE BOARD OF TRUSTEES TO SERVE A TERM

EQUAL TO THE REMAINING TERM AS A MEMBER OF THE U.S.A. NATIONAL BOARD. ALL

APPLICABLE CHANGES TO THE BOARD OF TRUSTEES ARE REFLECTED ON FORM 990, PART

VII.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS

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

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS MEMBERS MUST APPROVE THE AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION AND ANY MATERIAL CHANGES TO THE MISSION OF THE ORGANIZATION AND U.S. MEMBERS MUST APPROVE ANY CHANGES TO U.S. MEMBERSHIP DUES.

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 ORGANIZATION'S CONFLICT-OF-INTEREST POLICY WAS REVISED AND APPROVED BY THE BOARD OF TRUSTEES IN MARCH 2022 AND IS ENFORCED BY THE CHIEF COMPLIANCE AND ETHICS OFFICER.

Name of the organization

UNITED WAY WORLDWIDE

Employer identification number

13-1635294

ANNUALLY BOARD MEMBERS, OFFICERS AND KEY PERSONS ARE REQUIRED TO FILE WITH THE CHIEF ETHICS AND COMPLIANCE OFFICER A CONFLICT-OF-INTEREST DECLARATION FORM. THE CHIEF ETHICS OFFICER USES THE INFORMATION TO ENSURE THAT ANY BOARD MEMBER 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:

PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL THE EXECUTIVE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF TRUSTEES OF UNITED WAY WORLDWIDE ("UWW") IS RESPONSIBLE FOR 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 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.

Name of the organization UNITED WAY WORLDWIDE	Employer identification number 13-1635294
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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 IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	10,816,269.
MANAGEMENT AND GENERAL EXPENSES	1,317,285.
FUNDRAISING EXPENSES	1,171,034.
TOTAL EXPENSES	13,304,588.

CONTRACT & TEMP SERVICES:

PROGRAM SERVICE EXPENSES	8,615,654.
MANAGEMENT AND GENERAL EXPENSES	377,601.
FUNDRAISING EXPENSES	64,632.
TOTAL EXPENSES	9,057,887.

OTHER PURCHASED SRVCS:

PROGRAM SERVICE EXPENSES	206,543.
MANAGEMENT AND GENERAL EXPENSES	329,679.
FUNDRAISING EXPENSES	2,055.

Name of the organization UNITED WAY WORLDWIDE	Employer identification number 13-1635294
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TOTAL EXPENSES	538,277.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,900,752.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES	-798,957.
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RECOVERY OF BAD DEBTS PREVIOUSLY WRITTEN OFF	2,646,075.
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TOTAL TO FORM 990, PART XI, LINE 9	1,847,118.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">UNITED WAY WORLDWIDE</p>	Employer identification number <p align="center">13-1635294</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNITED WAY DIGITAL HOLDINGS, LLC - 81-5211422, 701 N FAIRFAX STREET, ALEXANDRIA, VA 22314	SOFTWARE	DELAWARE	0.	0.	UNITED WAY WORLDWIDE

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY WORLDWIDE (ASIA) LIMITED ROOM 1901, 19/F, LEE GARDEN ON, 33 HYSAN AVE CAUSEWAY BAY, HONG KONG	SEE PART VII	HONG KONG	501(C)(3)	LINE 7	UNITED WAY WORLDWIDE	X	

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

Schedule R (Form 990) 2022

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 or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY WORLDWIDE (ASIA) LIMITED	B	1,121,540.	ACTUAL PAYMENTS
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, COLUMN (B):

UNITED WAY WORLDWIDE (ASIA) LIMITED'S PRIMARY ACTIVITY IS LEADERSHIP
AND SUPPORT FOR THE UWW NETWORK MEMBERS IN THE ASIA PACIFIC REGION.