**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

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

		nue Service Go to www.irs.gov/Form990 for Instructions	and the latest	information.	Inspection
<u>A</u> F	or the	2023 calendar year, or tax year beginning	and ending		
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	UNITED WAY WORLDWIDE			
	_chang	Doing business as		13-1635294	
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	· 1	
	Final return/			703-836-7100	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	73,224,107.
L	Amend	ALEXANDRIA, VA 22314		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: ANGELIA WILLIAMS		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1 1</u>	ax-exe	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a	a)(1) or 52	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	<b>L</b> Yea	r of formation: 1932 N	N State of legal domicile: NY
Pa	art I	Summary			
e		Briefly describe the organization's mission or most significant activities: TO CARING POWER OF COMMUNITIES AROUND THE WORLD TO ADVANCE (			
Governance		Check this box if the organization discontinued its operations or d			eate
Ver	_		•	3	24
Ĝ	l	Number of independent voting members of the governing body (Part VI, line			24
∞ ′0		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			222
ij		Total number of volunteers (estimate if necessary)			75
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		54,355,890.	21,525,082.
Revenue	l	Program service revenue (Part VIII, line 2g)		42,960,089.	28,289,710.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		532,061.	1,063,219.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		651,955.	690,242.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		98,499,995.	51,568,253.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		26,877,609.	15,323,180.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)	25,870,159.	25,692,483.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- be	b	Total fundraising expenses (Part IX, column (D), line 25)	925,065.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,320,989.	24,707,480.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,068,757.	65,723,143.
		Revenue less expenses. Subtract line 18 from line 12		14,431,238.	-14,154,890.
Net Assets or			E	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		85,821,906.	70,828,290.
t As	21	Total liabilities (Part X, line 26)		23,749,663.	21,725,302.
		Net assets or fund balances. Subtract line 21 from line 20		62,072,243.	49,102,988.
	art II	Signature Block			<del> </del>
		lties of perjury, I declare that I have examined this return, including accompanying sch			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	er has any knowledge. 10/16/202	4
		Brue Friedman Signature of officer		Date	
Sigi			-:10	Date	
Her	е	BRUCE FRIEDMAN, EVP, CHIEF FINANCIAL OFFICER  Type or print name and title			
			<u> </u>	Date Check	PTIN
Da!		Print/Type preparer's name Preparer's signature MARY O TORRETTA Proparer's Signature	~	9/22/2024   if □ □	
Paid		1.504.6		self-employ	99-1856619
	arer	Firm's name GRANT THORNTON ADVISORS LLC Firm's address 1000 WILSON BLVD, SUITE 1500		Firm's EIN	~~ - TO O O O T 2
use	Only	Firm's address 1000 WILSON BLVD, SUITE 1500 ARLINGTON, VA 22209		Phone no. 703	-847-7500
N/a:	, the !F			I Priorite no. 703	
ivia	rule II	RS discuss this return with the preparer shown above? See instructions			X Yes No

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	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?  If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the services of the s	
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$33,406,019. including grants of \$10,014,365. ) (Revenue \$	3,000,189.
4b	(Code:) (Expenses \$\frac{5,618,761.}{\text{ including grants of \$}} \frac{5,212,992.}{\text{ (Revenue \$}} \frac{1}{\text{ (Revenue \$}} \frac{1}{\text{ (DOMESTIC AND INTERNATIONAL)}} - SEE SCHEDULE 0	3,391,911.)
4c	(Code:) (Expenses \$2,600,970. including grants of \$1,074. ) (Revenue \$	0.
4d	(Expenses \$ 13,508,850. including grants of \$ 94,749.) (Revenue \$ 21,897,610	).)
4e	FF 124 COO	

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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	· (continued)		V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, ,	23	х	1
<b>94</b> a	Schedule J			
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		1
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
<b>2</b> 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	ļ .		
UZ.	,	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10	х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country CHINA, SWITZERLAND, HONG KONG			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		_ A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decilar b requests information about policies not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a	Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure	100		
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)	availak	nle
.5	for public inspection. Indicate how you made these available. Check all that apply.	Jiny)	a v andk	210
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	leir	
13	statements available to the public during the tax year.	miail	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	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.

C  Name and title	Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
American diction   American di	(A)	(B)							(D)	(E)	(F)
Double   D	Name and title	Average	(do					nne	Reportable	Reportable	Estimated
The component of the		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	•	
ANGELA WILLIAMS		1	_	Cer ai	lu a u	recto	i / ii us	lee)			
1   ANGELA WILLIAMS		1 '	irecto								·
ANGELA WILLIAMS			eord	tee			sated		"	l ,	
1   ANGELA WILLIAMS		1	truste	al trus		yee	m per		l '	10001120)	"
1   ANGELA WILLIAMS		~	idual	ution	 	oldma	est co oyee	er	,		
ANOSLA WILLIAMS		line)	Indiv	Instit	Office	Key 6	High empl	Form			
Color   Colo	(1) ANGELA WILLIAMS	40.00									
SVP, FINANCE TO 9/23; CFO	CHIEF EXECUTIVE OFFICER	0.00			Х				991,200.	0.	54,216.
ALICE ARCHCABAL	(2) BRUCE FRIEDMAN	40.00									
EVP, DEVELOPMENT	SVP, FINANCE TO 9/23; CFO	0.00			Х				373,964.	0.	64,282.
(4) ODESSA JACKSON	(3) ALICE ARCHCABAL	40.00									
GENERAL COUNSEL & CRO		-				Х			414,257.	0.	6,477.
Color   Colo											
EVP, CHIEF OF STAFF		-			Х				393,309.	0.	19,352.
Column   C										_	
EVP, PEOPLE & CULTURE (TO 9/23)	•	-					X		341,468.	0.	44,124.
Color	-								266 207		44 045
EVP, MARKETING & COMMUNICATION 0.00 X 307,419. 0. 25,895.  (8) THOMAS LOWERY 40.00 SVP, NETWORK RESILIENCE 0.00 X 268,425. 0. 43,258.  (9) ERIN BUDDE 40.00 SVP, STRATEGIC INSIGHTS 0.00 X 261,322. 0. 49,365.  (10) RACHEL SMALL 40.00 SVP, GOVERNMENT PARTNERSHIPS 0.00 X 268,654. 0. 19,280.  (11) MAUREEN GRANT HAYES 40.00 VP, MAJOR DONOR RELATIONS 0.00 X 234,297. 0. 35,275.  (12) JOHN FARDEN 40.00 EVP, GLOBAL NTWK ADV & OPS(BEG 4/23) 0.00 X 262,600. 0. 3,799.  (13) DR. NICOLE COOPER 40.00 EVP, CHIEF STR & INNOV OFF(BEG 4/23) 0.00 X 258,969. 0. 6,979.  (14) MOLLY VANDERLOO 40.00 EVP, CHIEF FINANCIAL OFF (5/23-9/23) 0.00 X 252,254. 0. 8,032.  (15) BYRON GARRETT 40.00 EVP, GOVT PARTNERSHIPS (BEG 7/23) 0.00 X 213,582. 0. 9,845.  (16) LAWANA JONES 40.00 EVP, CHIEF TECHNOLOGY OFF (BEG 4/23) 0.00 X 203,050. 0. 18,452.  (17) BRIAN GALLAGHER 0.00		-				Х			366,327.	0.	11,045.
Reference									205 410		25 225
SVP, NETWORK RESILIENCE		-		_		X	_		307,419.	0.	25,895.
SVP, STRATEGIC INSIGHTS							,,		260 425		42 250
SVP, STRATEGIC INSIGHTS         0.00         X         261,322.         0. 49,365.           (10) RACHEL SMALL         40.00         X         268,654.         0. 19,280.           SVP, GOVERNMENT PARTNERSHIPS         0.00         X         268,654.         0. 19,280.           (11) MAUREEN GRANT HAYES         40.00         X         234,297.         0. 35,275.           (12) JOHN FARDEN         40.00         X         262,600.         0. 3,799.           (13) DR. NICOLE COOPER         40.00         X         258,969.         0. 6,979.           (14) MOLLY VANDERLOO         40.00         X         258,969.         0. 6,979.           (15) BYRON GARRETT         40.00         X         252,254.         0. 8,032.           (15) LAWANA JONES         40.00         X         213,582.         0. 9,845.           (16) LAWANA JONES         40.00         X         203,050.         0. 18,452.           (17) BRIAN GALLAGHER         0.00         X         203,050.         0. 18,452.	,	-					Α.		200,425.	0.	43,250.
(10) RACHEL SMALL							, .		261 222	0	40 365
SVP, GOVERNMENT PARTNERSHIPS   0.00   X   268,654.   0. 19,280.							Α.		201,322.	0.	49,365.
(11) MAUREEN GRANT HAYES       40.00         VP, MAJOR DONOR RELATIONS       0.00         (12) JOHN FARDEN       40.00         EVP, GLOBAL NTWK ADV & OPS(BEG 4/23)       0.00         (13) DR. NICOLE COOPER       40.00         EVP, CHIEF STR & INNOV OFF(BEG 4/23)       0.00         (14) MOLLY VANDERLOO       40.00         EVP, CHIEF FINANCIAL OFF (5/23-9/23)       0.00         (15) BYRON GARRETT       40.00         EVP, GOVT PARTNERSHIPS (BEG 7/23)       0.00         (16) LAWANA JONES       40.00         EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)       0.00         EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)       0.00         BYRON GALLAGHER       0.00							Į.,		260 654	_	10 200
VP, MAJOR DONOR RELATIONS       0.00       X       234,297.       0.35,275.         (12) JOHN FARDEN       40.00       X       262,600.       0.33,799.         EVP, GLOBAL NTWK ADV & OPS(BEG 4/23)       0.00       X       262,600.       0.3,799.         (13) DR. NICOLE COOPER       40.00       X       258,969.       0.6,979.         (14) MOLLY VANDERLOO       40.00       X       252,254.       0.8,032.         (15) BYRON GARRETT       40.00       X       252,254.       0.9,845.         (16) LAWANA JONES       40.00       X       213,582.       0.9,845.         (16) LAWANA JONES       40.00       X       203,050.       0.18,452.         (17) BRIAN GALLAGHER       0.00       X       203,050.       0.18,452.	·						_		200,034.	0.	19,200.
(12) JOHN FARDEN       40.00         EVP, GLOBAL NTWK ADV & OPS(BEG 4/23)       0.00         (13) DR. NICOLE COOPER       40.00         EVP, CHIEF STR & INNOV OFF(BEG 4/23)       0.00         (14) MOLLY VANDERLOO       40.00         EVP, CHIEF FINANCIAL OFF (5/23-9/23)       0.00         (15) BYRON GARRETT       40.00         EVP, GOVT PARTNERSHIPS (BEG 7/23)       0.00         (16) LAWANA JONES       40.00         EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)       0.00         X       203,050.         0.       18,452.							v		23/ 297	0	35 275
EVP, GLOBAL NTWK ADV & OPS(BEG 4/23) 0.00 X 262,600. 0. 3,799.  (13) DR. NICOLE COOPER 40.00  EVP, CHIEF STR & INNOV OFF(BEG 4/23) 0.00 X 258,969. 0. 6,979.  (14) MOLLY VANDERLOO 40.00  EVP, CHIEF FINANCIAL OFF (5/23-9/23) 0.00 X 252,254. 0. 8,032.  (15) BYRON GARRETT 40.00  EVP, GOVT PARTNERSHIPS (BEG 7/23) 0.00 X 213,582. 0. 9,845.  (16) LAWANA JONES 40.00  EVP, CHIEF TECHNOLOGY OFF (BEG 4/23) 0.00 X 203,050. 0. 18,452.  (17) BRIAN GALLAGHER 0.00	·	-							234,237,	· ·	33,273.
(13) DR. NICOLE COOPER  EVP, CHIEF STR & INNOV OFF(BEG 4/23)  (14) MOLLY VANDERLOO  EVP, CHIEF FINANCIAL OFF (5/23-9/23)  (15) BYRON GARRETT  EVP, GOVT PARTNERSHIPS (BEG 7/23)  (16) LAWANA JONES  EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)  EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)  (17) BRIAN GALLAGHER  40.00  X  258,969.  0. 6,979.  252,254.  0. 8,032.  213,582.  0. 9,845.						x			262 600	0	3 799
EVP, CHIEF STR & INNOV OFF(BEG 4/23) 0.00 X 258,969. 0. 6,979.  (14) MOLLY VANDERLOO 40.00  EVP, CHIEF FINANCIAL OFF (5/23-9/23) 0.00 X 252,254. 0. 8,032.  (15) BYRON GARRETT 40.00  EVP, GOVT PARTNERSHIPS (BEG 7/23) 0.00 X 213,582. 0. 9,845.  (16) LAWANA JONES 40.00  EVP, CHIEF TECHNOLOGY OFF (BEG 4/23) 0.00 X 203,050. 0. 18,452.  (17) BRIAN GALLAGHER 0.00		-							202,000.	•	•,,,,,,
(14) MOLLY VANDERLOO       40.00         EVP, CHIEF FINANCIAL OFF (5/23-9/23)       0.00         (15) BYRON GARRETT       40.00         EVP, GOVT PARTNERSHIPS (BEG 7/23)       0.00         (16) LAWANA JONES       40.00         EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)       0.00         (17) BRIAN GALLAGHER       0.00             X       252,254.         0.       8,032.         X       213,582.         0.       9,845.         203,050.       0.         18,452.						x			258 969.	0.	6 979.
EVP, CHIEF FINANCIAL OFF (5/23-9/23) 0.00 X 252,254. 0. 8,032.  (15) BYRON GARRETT 40.00  EVP, GOVT PARTNERSHIPS (BEG 7/23) 0.00 X 213,582. 0. 9,845.  (16) LAWANA JONES 40.00  EVP, CHIEF TECHNOLOGY OFF (BEG 4/23) 0.00 X 203,050. 0. 18,452.  (17) BRIAN GALLAGHER 0.00	·										-,
(15) BYRON GARRETT     40.00       EVP, GOVT PARTNERSHIPS (BEG 7/23)     0.00       (16) LAWANA JONES     40.00       EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)     0.00       (17) BRIAN GALLAGHER     0.00         X     203,050       0.     18,452			-		x				252 254.	0.	8 032.
EVP, GOVT PARTNERSHIPS (BEG 7/23) 0.00 X 213,582. 0. 9,845.  (16) LAWANA JONES 40.00 EVP, CHIEF TECHNOLOGY OFF (BEG 4/23) 0.00 X 203,050. 0. 18,452.  (17) BRIAN GALLAGHER 0.00	,								, -		,
(16) LAWANA JONES	EVP_ GOVT PARTNERSHIPS (BEG 7/23)		•			х			213,582.	0.	9,845.
(17) BRIAN GALLAGHER 0.00	•								,		,
(17) BRIAN GALLAGHER 0.00			1			х			203,050.	0.	18,452.
FORMER CEO 0.00     X 188,776. 0. 0.	(17) BRIAN GALLAGHER	0.00							,		,
	FORMER CEO	0.00						х	188,776.	0.	0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) UNITED WAY WO	DKTDMIDE								13-163529	4 Page O
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar	la a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	In stit utio nal tru stee		99/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	<u></u>	Key employee	st co	ь			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(18) MARC BITZER	2.00									
CHAIR OF THE BOARD	0.00	Х		Х				0.	0.	0.
(19) MARIAME MCINTOSH ROBINSON	2.00									
VICE CHAIR OF THE BOARD (TO 6/23)	0.00	Х		Х				0.	0.	0.
(20) YURI FULMER	2.00									
VICE CHAIR/CHAIR GOV CMTE (BEG 6/23)	0.00	Х		Х				0.	0.	0.
(21) MIKE HAYDE	2.00									
TREAS/CHAIR OF FINANCE COMMITTEE	0.00	Х		Х				0.	0.	0.
(22) MARK HOWARD	2.00									
SECRETARY/CHAIR OF AUDIT COMMITTEE	0.00	Х		Х				0.	0.	0.
(23) ANTHONY EARLEY	2.00									
CHAIR OF EXEC COMP CMTE (TO 6/23)	0.00	Х						0.	0.	0.
(24) JOHNNY TAYLOR JR.	2.00									
CHAIR OF EXEC COMP CMTE (BEG 7/23)	0.00	Х						0.	0.	0.
(25) BILL O'DOWD	2.00									
CHAIR DEV & MKTG CMTE (BEG 7/23)	0.00	Х						0.	0.	0.
(26) ROSIE ALLEN-HERRING	1.00									
AT-LARGE BOARD MEMBER (BEG 7/23)	0.00	Х						0.	0.	0.
1b Subtotal								5,599,873.	0.	419,676.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								5,599,873.	0.	419,676.

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

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

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

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
COMMUNITY COUNSELING SERVICE CO. LLC 527	Bossinplien et estitiese	- Componication
MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022	COUNSELING SERVICES	1,451,760.
SOCIAL CAPITAL PARTNERSHIPS, 980 N.		· · ·
MICHIGAN AVE., ST. 1570, CHICAGO, IL 60611	ADVISORY SERVICES	839,313.
THE ALLIANCE GROUP		
1950 OLD GALLOWS ROAD, VIENNA, VA 22180	STAFFING AND ADVISORY SERVICES	630,894.
VENN STRATEGIES, 1341 G STREET, NW, 6TH		
FLOOR, WASHINGTON, DC 20005	ADVISORY SERVICES	500,107.
THE ADDITIVE AGENCY, LLC		
420 12TH STREET, #G4R, BROOKLYN, NY 11215	BRAND TRANSFORMATION SERVICES	380,126.
2 Total number of independent contractors (including but not limited to t	hose listed above) who received more than	
\$100,000 of compensation from the organization	15	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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Form 990 UNITED WAY WORLDWIDE 13-1635294

Form 990 UNITED WAY W	ORLDWIDE								13-16352	294
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	call	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JULIANA AZEVEDO	- '	드	드	9	32	王	윤			
	1.00	,						0.	_	,
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	С
(28) ELAINE CHAO	1.00	,							_	,
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(29) DARIENNE DRIVER HUDSON	1.00									_
AT-LARGE BOARD MEMBER (BEG 7/23)	0.00	Х						0.	0.	C
(30) CHRISTINA GUTIERREZ DE PINERES	1.00								_	
AT-LARGE BOARD MEMBER (BEG 7/23)	0.00	Х						0.	0.	(
(31) BRIAN HULSEMAN-ABRAMS	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(32) SUNEETH KATARKI	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(33) ORVIN KIMBROUGH	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(34) TOM MCINERNEY	1.00									
AT-LARGE BOARD MEMBER (BEG 7/23)	0.00	Х						0.	0.	(
(35) SWATI MYLAVARAPU	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(36) STEVE ORTIZ	1.00									
AT-LARGE BOARD MEMBER (BEG 7/23)	0.00	Х						0.	0.	(
(37) MICHELE PARMELEE	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(38) DAVID PRESCHLACK	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(39) DAVID SHAFFER	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	-
(40) LIZ SHULER	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	-
(41) HU SHULI	1.00									
AT-LARGE BOARD MEMBER (TO 6/23)	0.00	Х						0.	0.	(
(42) JAKE SIVOLA-FINCH	1.00									
AT-LARGE BOARD MEMBER (TO 6/23)	0.00	Х						0.	0.	1
(43) DEANNA STRABLE	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	
(44) FRANCESCO VANNI D'ARCHRAFI	1.00									
AT-LARGE BOARD MEMBER	0.00	Х						0.	0.	(
(45) LANHEE YOUNG	1.00									
AT-LARGE BOARD MEMBER (BEG 7/23)	0.00	Х						0.	0.	
			<u> </u>							
Total to Dout VIII. Continue A. line de										
Total to Part VII, Section A, line 1c										

13-1635294

Form 990 (2023) UNITED WAY
Part VIII Statement of Revenue

		Chook if Schodulo O	antaina a raan	noo or noto to	a any lina i	in this Dort VIII			
		Check if Schedule O	contains a respo	nse or note to	any iine i	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
						rotarrovonac		business revenue	from tax under
									sections 512 - 514
ts s	1 a	Federated campaigns	1a						
ran	b	Membership dues	1b	1,607	7,164.				
, E	С	Fundraising events	1c						
ifts ar A	d	Related organizations	1d						
nig.	е	Government grants (contri		461	1,683.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,							
uti	·	similar amounts not included	1 1	19,456	235.				
G E	_				5,504.				
ou	9	Noncash contributions included in	imes ia-ii [19]	, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21,525,082.			
O a	n	Total. Add lines 1a-1f		Business	o Codo	21,323,002.			
	_	MEMBERGILL DILEG		Business 90009		26 210 771	26 210 771		
ice	2 a	MEMBERSHIP DUES				26,310,771.	26,310,771.		
er v	b	SERVICE INCOME		90009		1,118,111.	1,118,111.		
S	С	COURSE TUITION AND		90009		559,830.	559,830.		
ran Sev	d	PROMOTIONAL MATERIA	L SALES	90009		215,566.	215,566.		
Program Service Revenue	е	OTHER		90009	19	85,432.	85,432.		
<u>P</u>	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				28,289,710.			
	3	Investment income (includ	ling dividends, i	nterest, and					
		other similar amounts)			L	898,620.			898,620.
	4	Income from investment of							
	5	Royalties	·	·		405,849.			405,849.
		,	(i) Rea						
	6 a	Gross rents	6a 284,3	393.					
		Less: rental expenses	6b	0.					
		Rental income or (loss)	6c 284,3	393.					
		Net rental income or (loss)				284,393.			284,393.
		Gross amount from sales of	(i) Securit		ther	201,000.			201,010.
	ı a		7a 21,820,4	. ,					
		assets other than inventory	7a 21,020,		_				
•	b	Less: cost or other basis							
nu		and sales expenses	<b>7b</b> 21,655,8						
Revenue		Gain or (loss)	7c 164,5						161 -00
		Net gain or (loss)				164,599.			164,599.
her	8 a	Gross income from fundraising	ng events (not						
₹		including \$	of						
		contributions reported on	line 1c). See						
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	С	Net income or (loss) from	fundraising ever	nt <u>s</u>					
	9 a	Gross income from gamin	g activities. See						
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from		s					
		Gross sales of inventory, I							
		and allowances		10a					
	h	Less: cost of goods sold		10b					
		: Net income or (loss) from							
		Net income or (loss) from	sales of lifterito	Business					
sn	44 -				o oode				
je ne	11 a				+				
Miscellaneous Revenue	b				+				
Sce	C			_	+				
Ž		All other revenue			+				
		Total. Add lines 11a-11d  Total revenue. See instruction				51,568,253.	28,289,710.	0.	1,753,461.

13-1635294

### Part IX Statement of Functional Expenses

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

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,512,046.	8,512,046.		
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	6,811,134.	6,811,134.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,244,153.	3,387,553.	682,166.	174,43
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	188,776.		188,776.	
7	Other salaries and wages	17,770,378.	14,416,369.	2,610,531.	743,478
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	292,163.	232,869.	47,171.	12,12
9	Other employee benefits	1,772,957.	1,414,259.	285,514.	73,18
0	Payroll taxes	1,424,056.	1,135,935.	229,340.	58,781
1	Fees for services (nonemployees):				
а	Management				
b	Legal	731,786.		731,786.	
С	Accounting	327,786.		327,786.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	72,803.		72,803.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	15,679,500.	13,394,801.	1,843,704.	440,995
2	Advertising and promotion	199,762.	46,289.	153,473.	
3	Office expenses	1,567,020.	1,473,192.	58,518.	35,310
14	Information technology	249,248.	52,473.	196,775.	
5	Royalties				
6	Occupancy	733,094.	655,440.	77,654.	
7	Travel	1,024,931.	873,396.	101,019.	50,516
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,445,915.	1,396,110.	32,500.	17,30
0:	Interest	20,174.		20,174.	
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,290,626.	821,160.	195,913.	273,553
3	Insurance	335,889.	71.	335,818.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	753,119.	511,503.	196,230.	45,386
b	BAD DEBT EXPENSES	275,827.		275,827.	
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	65,723,143.	55,134,600.	8,663,478.	1,925,065
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Page **11** 13-1635294

# Form 990 (2023) Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	5,791,383.	1	4,300,143.		
	2	Savings and temporary cash investments			1,560,630.	2	921,383
	3	Pledges and grants receivable, net			5,950,689.	3	5,215,836
	4	Accounts receivable, net	3,369,870.	4	1,768,839		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sect	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			3,375,374.	9	402,703
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D		53,527,256.			
	b	Less: accumulated depreciation	10b	32,627,883.	21,926,385.	10c	20,899,373
	11	Investments - publicly traded securities			28,671,096.	11	21,425,416
	12	Investments - other securities. See Part IV, lin	5,387,758.	12	5,387,758		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			9,788,721.	15	10,506,839
	16	Total assets. Add lines 1 through 15 (must e			85,821,906.	16	70,828,290
	17	Accounts payable and accrued expenses			2,216,555.	17	2,394,220
	18	Grants payable		18			
	19	Deferred revenue			6,784,168.	19	5,071,693
	20	Tax-exempt bond liabilities			0.006.450	20	0.510.000
	21	Escrow or custodial account liability. Comple			8,096,172.	21	8,619,989
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ja		controlled entity or family member of any of t	·=	······		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X	6,652,768.		E 630 400
					23,749,663.	25	5,639,400
_	26	Total liabilities. Add lines 17 through 25		x X	23,749,003.	26	21,725,302
ဖွ		Organizations that follow FASB ASC 958, o	cneck nere				
ğ	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			38,924,419.	07	30,603,951
aa	27			·····	23,147,824.	27 28	18,499,037
8	28	Net assets with donor restrictions  Organizations that do not follow FASB ASe			23,117,021,	20	10,133,037
[등		and complete lines 29 through 33.	C 956, CHE	ck liere			
卢	29	Capital stock or trust principal, or current fur	nde	1		29	
ets	29 30	Paid-in or capital surplus, or land, building, o				30	
Ass	31					31	
-	31 32	Retained earnings, endowment, accumulated Total net assets or fund balances			62,072,243.	32	49,102,988
	32 33				85,821,906.	33	70,828,290
	JJ	Total liabilities and net assets/fund balances			22,022,000.	აა	Form <b>990</b> (2023

_	rt XI Reconciliation of Net Assets			ı aş	90
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51	568,	253.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65	723,	143.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14	154,	890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62	072,	243.
5	Net unrealized gains (losses) on investments	5	1	013,	471.
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		172,	164.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	49	102,	988.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2023)

332012 12-21-23

#### **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.

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

UNITED WAY WORLDWIDE Employer identification number 13-1635294

Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	orgar	nization is not a private found						
1	$\bigcap$	A church, convention of ch	•		-	•	I)(A)(i).	
2	$\Box$	A school described in <b>sect</b>				` ` ` ` `		
3	一	A hospital or a cooperative		· ·		/b)(1)(A)(ii	ii).	
4	一	A medical research organiz						the hospital's name
•	ш	city, and state:	anon operated in con	njanotion with a noophal	GCCCTIDGG	000110	11 11 0(B)( 1)(A)(III). Entor	the respitate riams,
_			or the benefit of a col	llogo or university ewned	l or operate	od by a go	worpmontal unit describe	ad in
5	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.)					5 <b>u</b> III	
_				and the second s	4-	70(1-)(4)(4)	6.3	
6		A federal, state, or local gov	•				• •	
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	-					
а		Type I. A supporting orga	* *					aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		organization. You must o						
b		Type II. A supporting org	-		ion with its	s sunnorte	ed organization(s) by hav	/ina
~		control or management o	•					-
		organization(s). You mus			arric persor	iis triat coi	ntiol of manage the supp	ported
_		Type III functionally inte	-		in connect	tion with	and functionally intograte	od with
C	· L	its supported organization	-				• •	ou with,
		Type III non-functionally		•				zation(a)
C	·		•					* *
		that is not functionally int	-		•			veriess
		requirement (see instructi	•					
е	· L_						Type I, Type II, Type III	
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		er the number of supported o	-	-l				
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		, , ,
Tota	al l							

332021 12-21-23

UNITED WAY WORLDWIDE 13-1635294 Schedule A (Form 990) 2023 Page 2

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	. ,		. ,	. ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")	196,680,596.	203,785,891.	68,676,336.	54,355,890.	21,525,082.	545,023,795.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	196,680,596.	203,785,891.	68,676,336.	54,355,890.	21,525,082.	545,023,795.
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)						185,016.
6	Public support. Subtract line 5 from line 4.						544,838,779.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	196,680,596.	203,785,891.	68,676,336.	54,355,890.	21,525,082.	545,023,795.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,371,323.	1,051,479.	937,907.	1,103,625.	1,588,862.	6,053,196.
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	<b>Total support.</b> Add lines 7 through 10						551,076,991.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	214,851,760.
	First 5 years. If the Form 990 is for the			ourth. or fifth tax v	ear as a section 50		· · ·
	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	98.87 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14	***		15	97.16 %
	33 1/3% support test - 2023. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	tion		·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		·
	<u> </u>			. , ,			(Form 990) 2023

#### 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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and						
, , , , , , , , , , , , , , , , , , , ,	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
membership fees received. (Do not include any "unusual grants.")						,
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(6) 2023	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is requirely certified on.						
11 Net income from unrelated business activities not included on line 10b,						
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital</li> </ul>						
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> </ul>		rst, second, third,	fourth, or fifth tax y	year as a section s	501(c)(3) organizatio	on,
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> </ul>	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	( / ( / )	<i>'</i> —
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> </ul>	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	( / ( / )	<i>'</i>
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> </ul>	the organization's file Support Per	centage livided by line 13, o	(0)	•	15	%
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> </ul>	the organization's file Support Per (line 8, column (f), column (f	rcentage ivided by line 13, o	(0)			%
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> <li>Section D. Computation of Investigation</li> </ul>	lic Support Per (line 8, column (f), co 2 Schedule A, Part stment Income	rcentage livided by line 13, of lll, line 15 e Percentage	column (f))		15 16	%
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> <li>Section D. Computation of Investment income percentage for 202</li> </ul>	the organization's fine Support Per (line 8, column (f), column (f), column the state of the sta	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by li	column (f)) ne 13, column (f))		15 16	% %
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> <li>Section D. Computation of Inve</li> <li>17 Investment income percentage from 202</li> <li>18 Investment income percentage from</li> </ul>	the organization's fine Support Per (line 8, column (f), column (f	rcentage livided by line 13, of lll, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> <li>Section D. Computation of Inve</li> <li>17 Investment income percentage from 10 investment income percentage from 19a 33 1/3% support tests - 2023. If the</li> </ul>	the organization's file Support Per (line 8, column (f), column (f	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by li Part III, line 17 not check the box of	ne 13, column (f))	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % %
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> <li>Section D. Computation of Investment income percentage from 202</li> <li>18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and 100 percentage from 19a 33 1/3% support tests - 2023.</li> </ul>	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % % % % % % % % % % % % % % % % % %
<ul> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2023</li> <li>16 Public support percentage from 202</li> <li>Section D. Computation of Inve</li> <li>17 Investment income percentage from 10 investment income percentage from 19a 33 1/3% support tests - 2023. If the</li> </ul>	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box or organization qualitation check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	15 16 17 18 33 1/3%, and line 17 ation 20 21 21 23, and 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	% % % % % % % not

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Schedule A (Form 990) 2023 UNITED WAY WORLDWIDE 13-1635294 Page 4

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
Ŧċ.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		

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Sche	dule A (Form 990) 2023 UNITED WAY WORLDWIDE	13-1635294	Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>1</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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u>-</u>		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
	· · · · · · · · · · · · · · · · · · ·			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	y (see instruction	1	Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 UNITED WAY WORLDWIDE 13-1635294 Page 6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).	-		

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

**Employer identification number** 

UNITED WAY WORLDWIDE 13-1635294 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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).

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

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

UNITED WAY WORLDWIDE

13-1635294

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$(C	Person X Payroll  Noncash Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$(C	Person X Payroll  Noncash  Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll  Noncash Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$655,000((C	Person X Payroll

Schedule B (Form 990) (2023) Page **2** 

Name of organization

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		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

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

Page 3

Schedule B (Form 990) (2023) Page **4** 

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

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY WORLDWIDE

**Employer identification number** 

13-1635294

Pai			milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised		(b) Funds and other accounts
1	Total number at end of year		20	
2	Aggregate value of contributions to (during year)		4,176,500.	
3	Aggregate value of grants from (during year)		5,920,454.	
4	Aggregate value at end of year		4,158,609.	
5	Did the organization inform all donors and donor advisors in v	~		
_	are the organization's property, subject to the organization's or			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	· · · · · ·	• •	
Par	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		0111 01111 990, 1 ait 10	, iii e 7.
•	Preservation of land for public use (for example, recreat		Preservation of a hist	orically important land area
	Protection of natural habitat	lion or cadcation;		tified historic structure
	Preservation of open space		T TOSCIVATION OF A CON	and historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form of a co	onservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and	d enforcing conservation	on easements during the year
7	Amount of our anger incurred in monitoring inspecting band	ling of violations, and onf	avaina aanaamiatian aa	seemente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and em	ording conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(R)(	i)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
·	balance sheet, and include, if applicable, the text of the footn		· ·	
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	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 956	8, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB A	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
<u>b</u>	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

### 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.

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,102,080.		2,102,080.
<b>b</b> Buildings		41,639,288.	23,444,933.	18,194,355.
c Leasehold improvements				0.
d Equipment		8,143,103.	8,015,715.	127,388.
e Other		1,642,785.	1,167,235.	475,550.
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must</i> equa	l Form 990. Part X. line 1	0c. column (B))		20,899,373.

(2) Closely held equity interests (3) Other (A) LIMITED PARTNERSHIP INVESTMENT 5,387,758. COST (B) (C) (D) (E) (F) (G) (H) 5,387,758. Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

| Part VIII | Investments - Program Related.

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

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

#### Part IX Other Assets

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

(a) Description	(b) Book value
(1) CUSTODIAL FUNDS (EFSP, YOURCAUSE, FRONTSTREAM)	8,238,490.
(2) OTHER ASSETS	978,869.
(3) CASH VALUE OF LIFE INSURANCE	575,845.
(4) CHARITABLE GIFT ANNUITY	381,499.
(5) DEFERRED COMPENSATION CUSTODIAL ASSETS	332,136.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	10,506,839.

#### 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	4,449,335.
(3)	POST RETIREMENT BENEFITS	839,512.
(4)	OTHER LIABILITIES	350,553.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	5,639,400.

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

Part XI Reconciliation of Revenue per Audited Finance Complete if the organization answered "Yes" on Form 990,		per neturn
Total revenue, gains, and other support per audited financial staten		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	nents	······
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
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>b</b> Other (Describe in Part XIII.)		
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 Finan	_	es per Return
Complete if the organization answered "Yes" on Form 990,		T . T
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:	ا م ا	
a Donated services and use of facilities		
b Prior year adjustments	1 1	
c Other losses	1 1	
d Other (Describe in Part XIII.)	•	2e
e Add lines 2a through 2d  3 Subtract line 2e from line 1		
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li></ul>		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Pa		
Part XIII Supplemental Information	itti, iirie 16.)	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4: Part IV. lines 1b and 2b: Par	t 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		, , , , , , , , , , , , , , , , , , , ,
	•	
PART IV, LINE 2B:		
EXPLANATION OF ESCROW AGREEMENT		
4000		
IN 1983, A NATIONAL BOARD WAS CONVENED TO OVERSEE DIST	RIBUTION OF FUNDS	
THEOLIGIA THE THEOLOGY TOOD AND GUILLINED DECEDIA (THEOD)	A GEDADAME	
THROUGH THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP),	A SEPARATE	
CONGRESSIONALLY AUTHORIZED PROGRAM OF DEPARTMENT OF HO	MELAND SECURITY'S	
	AND SECORITY S	
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA). EACH YEAR,	UWW HAS BEEN	
ELECTED BY THE EFSP NATIONAL BOARD TO SERVE AS ITS FIS	SCAL AGENT. AS FISCAL	
AGENT, UWW IS THE INTERMEDIARY CUSTODIAN OF THE FUNDS	AND IS RESPONSIBLE	
FOR THE DISBURSEMENT OF GRANTS AS DIRECTED BY THE NATI	ONAL BOARD. EFSP IS	
NOT GOVERN TRANSPORTED TAXOS OF THE CO		
NOT CONSOLIDATED INTO THE ORGANIZATION'S FINANCIAL STA	ATEMENTS. SINCE 1983,	
וו כ מאמצפבט אוב או.ו.מישה או שה השאו לב בה בדודרא הם	THE FEMA TO DECUTOR	
U.S. CONGRESS HAS ALLOCATED MORE THAN \$6.50 BILLION TO	THE FEMA TO PROVIDE	

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 GRANTMAKING 40,000. CENTRAL AMERICA AND THE CARIBBEAN 0 PROGRAM SERVICES MEMBERSHIP SUPPORT 1 61,155. EAST ASIA AND THE PACIFIC 2 4 GRANTMAKING 854,007. EAST ASIA AND THE PACIFIC PROGRAM SERVICES MEMBERSHIP SUPPORT 4 392,318. EUROPE (INCLUDING ICELAND & GREENLAND) 3 GRANTMAKING 3,566,382. EUROPE (INCLUDING ICELAND & GREENLAND) 3 PROGRAM SERVICES MEMBERSHIP SUPPORT 465,447. MIDDLE EAST AND NORTH AFRICA 0 0 GRANTMAKING 295,137. NORTH AMERICA 0 GRANTMAKING 1 553,047. 4 8 6,227,493. 3 a Subtotal **b** Total from continuation 0 7,463,802. sheets to Part I ...... c Totals (add lines 3a 13,691,295. and 3b)

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

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

Schedule F (Form 990)	UNITED WAY W			13-1635294	Page
Part I Continuatio	n of Activitie	s per Regior	(Schedule F (Form 990), Part I, line 3	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
NORTH AMERICA	1	0	PROGRAM SERVICES	MEMBERSHIP SUPPORT	184,051
SOUTH AMERICA	0	2	GRANTMAKING		967,512.
SOUTH AMERICA	0	2	PROGRAM SERVICES	MEMBERSHIP SUPPORT	276,800.
SOUTH ASIA	0	0	GRANTMAKING		334,039.
SUB-SAHARAN AFRICA	0	1	GRANTMAKING		201,010
					,
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	MEMBERSHIP SUPPORT	112,632
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		5,387,758
Totals		3			7,463,802.

UNITED WAY WORLDWIDE

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL CHARITABLE OPERATIONS	25,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	13,000.	BANK WIRE	0.		
		EAST ASIA AND THE	EDUCATION	103 000	BANK WIRE	0.		
				200,000.		•••		
		NORTH AMERICA	HEALTH	14,145.	BANK WIRE	0.		
			GENERAL CHARITABLE OPERATIONS	7,148.	BANK WIRE	0.		
		EAST ASIA AND THE	EDUCATION	10,000.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	9,334.	BANK WIRE	0.		
_			HEALTH		BANK WIRE	0.		

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

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3 Enter total number of other organizations or entities

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

Scriedule F (Form 990)								raye <b>z</b>
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
						acciotarios	acciotarios	appraisal, strioly
			ENVIRONMENTAL					
		SOUTH AMERICA	SUSTAINABILITY	30,000.	BANK WIRE	0.		
				,				
		SOUTH AMERICA	HEALTH	30,286.	BANK WIRE	0.		
			HUMAN & SOCIAL					
		SOUTH AMERICA	SERVICES	31 132	BANK WIRE	0.		
		DOUTH MIDRICH	DERVICED	31,132.	DINK WIKE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	HEALTH	51,981.	BANK WIRE	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	5,816.	BANK WIRE	0.		
			HUMAN & SOCIAL					
		NORTH AMERICA	SERVICES	10 000.	BANK WIRE	0.		
				20,000.				
		EAST ASIA AND THE	DISASTER RELIEF &					
		PACIFIC	RECOVERY	14,649.	BANK WIRE	0.		
			GENERAL CHARITABLE	F 00.4				
		NORTH AMERICA	OPERATIONS	5,234.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	9.242.	BANK WIRE	0.		
				, =•		- •		1

Scriedule F (Form 990)								Faye Z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
						acciotarioc		appraisal, strioty
		EAST ASIA AND THE						
		PACIFIC	HEALTH	20 000.	BANK WIRE	0.		
				, -				
		EAST ASIA AND THE	HUMAN & SOCIAL					
		PACIFIC	SERVICES / HEALTH	90,000.	BANK WIRE	0.		
		L						
		EAST ASIA AND THE		10.000				
		PACIFIC	COMMUNITY DEVELOPMENT	10,000.	BANK WIRE	0.		
			COMMUNITY DEVELOPMENT					
		EAST ASIA AND THE	/ ENVIRONMENTAL					
		PACIFIC	SUSTAINABILITY	60,000.	BANK WIRE	0.		
				,				
		NORTH AMERICA	EDUCATION	7,500.	BANK WIRE	0.		
			GENERAL CHARITABLE					
			OPERATIONS /					
			COMMUNITY DEVELOPMENT	000 040				
		NORTH AMERICA	/ EDUCATION	220,342.	BANK WIRE	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	9.346.	BANK WIRE	0.		
				, -				
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	13,000.	BANK WIRE	0.		
						_		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	6,957.	BANK WIRE	0.		

Schedule F (Form 990)								raye z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
	, , , ,		-	_		assistance	2333121100	appraisal, other)
		EUDODE / INGLIDING						
		EUROPE (INCLUDING ICELAND &	DISASTER RELIEF &					
		GREENLAND)	RECOVERY	90 000	BANK WIRE	0.		
		OKEENEMD /	KHEOVIKI	30,000.	DINK WIKE	· ·		
			NUTRITION / FOOD					
		NORTH AMERICA	SECURITY / HEALTH	156,515.	BANK WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	20,189.	BANK WIRE	0.		
		EAST ASIA AND THE		== 000	L			
		PACIFIC	HEALTH	75,000.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	EDUCATION	9 500	BANK WIRE	0.		
		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		EUROPE (INCLUDING						
		ICELAND &	EDUCATION / DISASTER					
		GREENLAND)	RELIEF & RECOVERY	91,119.	BANK WIRE	0.		
		SOUTH AMERICA	ARTS & HUMANITIES	23,803.	BANK WIRE	0.		
		L						
		EUROPE (INCLUDING						
		ICELAND &	COMMINITAL DEVICE OF THE	25 000	DANK MIDE	_		
		GREENLAND)	COMMUNITY DEVELOPMENT	∠5,000.	BANK WIRE	0.		
			ENVIRONMENTAL					
		NORTH AMERICA	SUSTAINABILITY	15 000	BANK WIRE	0.		
		r				ı ,		

Scriedule F (Form 990)								Faye Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			GENERAL CHARITABLE	27 027		0		
		NORTH AMERICA	OPERATIONS	27,937.	BANK WIRE	0.		
			COMMUNITY DEVELOPMENT					
		SOUTH AMERICA	/ EDUCATION	22,635.	BANK WIRE	0.		
		EAST ASIA AND THE	ENVIRONMENTAL					
			SUSTAINABILITY	35,000.	BANK WIRE	0.		
		SOUTH ASIA	EDUCATION	18 679	BANK WIRE	0.		
				10,075.	DIANT WIND			
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	EDUCATION	6,500.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	HEALTH	12,500.	BANK WIRE	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	40,000.	BANK WIRE	0.		
			ENVIRONMENTAL	10 000	DANK MIDE			
		SOUTH AMERICA	SUSTAINABILITY	10,000.	BANK WIRE	0.		
		NORTH AMERICA	HEALTH	20,000.	BANK WIRE	0.		

Scriedule F (Form 990)								Faye Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	28,250.	BANK WIRE	0.		
			HUMAN & SOCIAL					
		SOUTH AMERICA	SERVICES	13,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	37,578.	BANK WIRE	0.		
				45.000	L			
		SOUTH AMERICA	HEALTH	15,000.	BANK WIRE	0.		
			ENTITONMENTAL					
		COLUMN AMEDICA	ENVIRONMENTAL	10 000	DANK MIDE			
		SOUTH AMERICA	SUSTAINABILITY	10,000.	BANK WIRE	0.		
		CENTRAL AMERICA &	ENT/TRONMENTAL.					
		THE CARIBBEAN	SUSTAINABILITY	10 000	BANK WIRE	0.		
		III CAKIDDEAN	ENVIRON. SUSTAIN./	10,000.	DIMIN WINE	J .		
		EUROPE (INCLIDING	DISASTER RELIEF &					
		ICELAND &	RECOVERY/ GEN. CHAR.					
		GREENLAND)	OPS	179 688	BANK WIRE	0.		
				1,5,000.		3.		
		EUROPE (INCLUDING						
		ICELAND &	DISASTER RELIEF &					
			RECOVERY / EDUCATION	75 707	BANK WIRE	0.		
		<i>,</i>		.5,,57.				
		NORTH AMERICA	HEALTH	10,000.	BANK WIRE	0.		
			1	,,,,,,,		ا • • ا		I

Scriedule F									raye <b>z</b>
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name o	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	(h) Description of non-cash	(i) Method of valuation (book, FMV
		and Env (ii applicable)		grant	or cash grant	Casif dispursement	assistance	assistance	appraisal, other)
			SOUTH AMERICA	EDUCATION	37,000.	BANK WIRE	0.		
				GENERAL CHARITABLE					
			SOUTH ASIA	OPERATIONS	10,000.	BANK WIRE	0.		
			EUROPE (INCLUDING						
			ICELAND &	HUMAN & SOCIAL	5 404	L			
			GREENLAND)	SERVICES	5,101.	BANK WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	EDUCATION	10 849	BANK WIRE	0.		
			FACIFIC	EDUCATION	10,049.	DAIN WIKE	0.		
			EUROPE (INCLUDING						
			ICELAND &	HUMAN & SOCIAL					
			GREENLAND)	SERVICES	10 000	BANK WIRE	0.		
			CREDITED /	DERVICES	10,000.	DINK WIKE	0.		
				GENERAL CHARITABLE					
			NORTH AMERICA	OPERATIONS	11.995.	BANK WIRE	0.		
					, -		-		
			EUROPE (INCLUDING						
			ICELAND &	ENVIRONMENTAL					
			GREENLAND)	SUSTAINABILITY	9,000.	BANK WIRE	0.		
			CENTRAL AMERICA &						
			THE CARIBBEAN	EDUCATION	15,000.	BANK WIRE	0.		
				HUMAN & SOCIAL					
			SOUTH AMERICA	SERVICES	9,434.	BANK WIRE	0.		

Scriedule F (Form 990)								Faye Z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	COMMUNITY DEVELOPMENT	93,000.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	ENVIRONMENTAL					
		GREENLAND)	SUSTAINABILITY	101,115.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	COMMUNITY DEVELOPMENT					
		GREENLAND)	/ HEALTH	460,327.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	50,970.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	7,452.	BANK WIRE	0.		
		EAST ASIA AND THE	NUTRITION / FOOD					
		PACIFIC	SECURITY	9,434.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	15,000.	BANK WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	10,300.	BANK WIRE	0.		
		EUDODE / INCLUDING						
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	HEALTH	9,346.	BANK WIRE	0.		

Scriedule F (FOITH 990)								Faye Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
(-)	and EIN (if applicable)	(-, 5	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	HEALTH / EDUCATION	12.053.	BANK WIRE	0.		
			·	, -		-		
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	24,263.	BANK WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	8,411.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	HEALTH	14,860.	BANK WIRE	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	11,215.	BANK WIRE	0.		
		CENTRAL AMERICA &						
		THE CARIBBEAN	SUSTAINABILITY	15,000.	BANK WIRE	0.		
			EGONOMIC MODILIES /					
			ECONOMIC MOBILITY /					
		EAST ASIA AND THE PACIFIC		F.C. 000	DANK MIDE			
		PACIFIC	SUSTAINABILITY	56,900.	BANK WIRE	0.		_
		SUB-SAHARAN	ENVIRONMENTAL					
		AFRICA	SUSTAINABILITY	8 000	BANK WIRE	0.		
		III NI CA	POSTATRADIBILI	0,000.	DIMIN WIKE	J .		
		EUROPE (INCLUDING	DISASTER RELIEF &					
		ICELAND &	RECOVERY / COMMUNITY					
		GREENLAND)	DEVELOPMENT	502 708	BANK WIRE	0.		
		[/		502,700.	P	J		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	)	r ugo z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &	DISASTER RELIEF &					
			RECOVERY	15 000.	BANK WIRE	0.		
		,						
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	8,284.	BANK WIRE	0.		
		EAST ASIA AND THE	ENVIRONMENTAL					
			SUSTAINABILITY	15,000.	BANK WIRE	0.		
				05.006	L			
		SOUTH ASIA	HEALTH	25,236.	BANK WIRE	0.		
			ENVIRONMENTAL					
		NORTH AMERICA	SUSTAINABILITY	10,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION	E0 000	BANK WIRE	0.		
		AFRICA	EDUCATION	30,000.	DANK WIKE	0.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	25,000.	BANK WIRE	0.		
			ENVIRONMENTAL					
			SUSTAINABILITY	10 000	BANK WIRE	0.		
						7.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	COMMUNITY DEVELOPMENT	100,000.	BANK WIRE	0.		

Scriedule F (Form 990)								raye <b>z</b>
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) 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
	( эррэ)		g	or cause grains		assistance	assistance	appraisal, other)
		L						
		EAST ASIA AND THE		40.000				
		PACIFIC	EDUCATION	40,000.	BANK WIRE	0.		
		SOUTH ASIA	COMMUNITY DEVELOPMENT	100 000	BANK WIRE	0.		
		DOUTH HOTH	COMMONITI DEVELOTMENT	100,000.	DINK WIKE	0.		
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	10,000.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	19,902.	BANK WIRE	0.		
		SUB-SAHARAN						
		AFRICA	EDUCATION	7,000.	BANK WIRE	0.		
					L			
		NORTH AMERICA	EDUCATION	10,000.	BANK WIRE	0.		
		TUDODE / TNGL UDING						
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	HEALTH	200 000	BANK WIRE	0.		
		GREENHAND /	HEAD III	200,000.	DANK WIKE	· ·		
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	10,000.	BANK WIRE	0.		
				, ,				
		MIDDLE EAST AND	DISASTER RELIEF &					
		NORTH AFRICA	RECOVERY / HEALTH	328,137.	BANK WIRE	0.		

Schedule F (Form 990)								ray <del>e</del> z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	EDUCATION	9,434.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		GREENLAND)	EDUCATION	17,300.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	30,334.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND &	GENERAL CHARITABLE OPERATIONS / DISASTER					
		GREENLAND)	RELIEF & RECOVERY	159,827.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	EDUCATION	337,050.	BANK WIRE	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	13 000	BANK WIRE	0.		
		BOUTH AMERICA	COMMONITI DEVELOPMENT	13,000.	DANK WIKE	0.		
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	10,000.	BANK WIRE	0.		
		NORTH AMERICA	GENERAL CHARITABLE OPERATIONS	6,600.	BANK WIRE	0.		
		EAST ASIA AND THE	HEALTH	9,907.	BANK WIRE	0.		

Schedule F (Form 990)								raye 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM)
.,	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SUB-SAHARAN						
		AFRICA	EDUCATION	123 810	BANK WIRE	0.		
				123,010.	DIMIC WILL	· ·		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	5 955	BANK WIRE	0.		
		NORTH AMERICA	OI EKATIONS	3,555.	DANK WIKE	٠.		
		EUROPE (INCLUDING						
		ICELAND &	ENVIRONMENTAL					
		GREENLAND)	SUSTAINABILITY	625 050	DANIZ WIDE	0.		
		GREENLAND)	SUSTATINABILITY	025,950.	BANK WIRE	0.		
		E20E 20T2 20TD EITE	ENTATRONMENTAL					
		EAST ASIA AND THE		20.000	DANIK 14TDE			
		PACIFIC	SUSTAINABILITY	20,000.	BANK WIRE	0.		
		TUDODE / TNOT UDING						
		EUROPE (INCLUDING	DIGAGEED DELINE C					
			DISASTER RELIEF &	05 000				
		GREENLAND)	RECOVERY / EDUCATION	95,000.	BANK WIRE	0.		
		SOUTH AMERICA	HEALTH	20,130.	BANK WIRE	0.		
			EDUCATION / COMMUNITY					
		SOUTH AMERICA	DEVELOPMENT	28,510.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	14,662.	BANK WIRE	0.		
			DISASTER RELIEF &					
			RECOVERY / GENERAL					
		NORTH AMERICA	CHARITABLE OPERATIONS	150,000.	BANK WIRE	0.		

Scriedule F (FOITH 990)								Faye Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
.,	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SUB-SAHARAN	GENERAL CHARITABLE					
		AFRICA	OPERATIONS	7,200.	BANK WIRE	0.		
		SOUTH ASIA	ECONOMIC MOBILITY	35,000.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	GENERAL CHARITABLE					
		GREENLAND)	OPERATIONS	21,546.	BANK WIRE	0.		
		SOUTH AMERICA	EDUCATION	7,925.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	DISASTER RELIEF &					
		GREENLAND)	RECOVERY	83,619.	BANK WIRE	0.		
			EDUCATION / HEALTH /					
		SOUTH ASIA	COMMUNITY DEVELOPMENT	85,551.	BANK WIRE	0.		
				00.000				
		NORTH AMERICA	EDUCATION	∠0,000.	BANK WIRE	0.		
		COUMN ACTA	EDUCATION	10 505	DANK MIDE			
		SOUTH ASIA	EDUCATION	18,505.	BANK WIRE	0.		
			GENERAL CHARITABLE					
		NORTH AMERICA	OPERATIONS	13 504	BANK WIRE	0.		
		MONIN AMERICA	OLEVULIONS	13,594.	DUNY MIKE	l 0.		

Scriedule F (Form 990)								Faye z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
								11
		EUROPE (INCLUDING						
			EDUCATION / GENERAL					
		GREENLAND)	CHARITABLE OPERATIONS	66,270.	BANK WIRE	0.		
		EAST ASIA AND THE				_		
		PACIFIC	EDUCATION	16,094.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
			EDUCATION	9,346.	BANK WIRE	0.		
				,				
		EAST ASIA AND THE						
		PACIFIC	SUSTAINABILITY	10,000.	BANK WIRE	0.		
		EUDODE / INGLUDING						
		EUROPE (INCLUDING ICELAND &						
			EDUCATION	20 000.	BANK WIRE	0.		
		,						
		EAST ASIA AND THE						
		PACIFIC	EDUCATION	34,453.	BANK WIRE	0.		
			EDUCATION /					
		EAST ASIA AND THE PACIFIC	ENVIRONMENTAL SUSTAINABILITY	16 000	BANK WIRE	0.		
		TACIFIC	DOSTATINADIBITI	10,000.	DANK WIKE	<u> </u>		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	50,000.	BANK WIRE	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.

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

METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS

RUSSIA AND NEIGHBORING STATES: OTHER

ALL OTHER 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

Open to Public Inspection

Name of the organization							Employer identification number
UNITED WAY WO							13-1635294
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assis							Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than S	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
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							ECONOMIC MOBILITY, HUMAN
TALLAHASSEE, FL 32302	51-0201771	501(C)(3)	36,900.	0.			& SOCIAL SERVICES
211 BREVARD INC							
1007 PATHFINDER WAY							
ROCKLEDGE, FL 32955	59-1897447	501(C)(3)	15,000.	0.			HUMAN & SOCIAL SERVICES
211 INFO							
PO BOX 11830							
PORTLAND, OR 97211	93-0784586	501(C)(3)	8,000.	0.			HUMAN & SOCIAL SERVICES
211 PALM BEACH TREASURE COAST, INC P.O. BOX 3588 - LANTANA,							
FL 33465-3588	23-7153017	501(C)(3)	45,000.	0.			HUMAN & SOCIAL SERVICES
2-1-1 TAMPA BAY CARES, INC. 5500 RIO VISTA DR., SUITE 5500							
CLEARWATER, FL 33760	59-3355555	501(C)(3)	55,000.	0.			HUMAN & SOCIAL SERVICES
,							
ALBEMARLE AREA UNITED WAY, INC.							
PO BOX 293							GENERAL CHARITABLE
ELIZABETH CITY, NC 27907-0293	23-7123601	501(C)(3)	8,500.	0.			OPERATIONS
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				
3 Enter total number of other organizations	s listed in the line	1 table					
For Danarwork Poduction Act Notice coeth	o Instructions for	Form 990					Schodula I (Form 990) 2022

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

UNITED WAY WORLDWIDE 13-1635294

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) CAPE FEAR AREA UNITED WAY, INC. 127 GRACE STREET GENERAL CHARITABLE WILMINGTON, NC 28403 56-0529949 501(C)(3) 15,000 0. OPERATIONS COMMUNITY LINK CAPITAL REGION 8001 FOLSOM BLVD SACRAMENTO, CA 95826 94-1201196 501(C)(3) 50,000 0 неатли COUNTY UNITED WAY 113 A SOUTH CENTRE STREET GENERAL CHARITABLE CUMBERLAND, MD 21502 52-0695477 501(C)(3) 10,000 0. OPERATIONS CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA 59-1785265 501(C)(3) TAMPA, FL 33613-1238 15,000. 0 HUMAN & SOCIAL SERVICES CRISIS CONNECTIONS 2901 THIRD AVENUE SUITE 100 HUMAN & SOCIAL SERVICES. 91-0773187 501(C)(3) SEATTLE, WA 98121 0. ECONOMIC MOBILITY 40,400, DELAWARE HELPLINE, INC. 625 N. ORANGE ST. 3RD FLOOR WILMINGTON, DE 19801 51-0376406 501(C)(3) 0. HUMAN & SOCIAL SERVICES 15,000. EDEN 18 R 570 B STREET 94-2339050 501(C)(3) 0. HAYWARD, CA 94541 21 600. ECONOMIC MOBILITY 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) 63,000. 0. HUMAN & SOCIAL SERVICES FONDOS UNIDOS DE PUERTO RICO PO BOX 191914 66-0269222 501(C)(3) SAN JUAN, PR 00919-1914 28 202. 0. HUMAN & SOCIAL SERVICES

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T age
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN MOUNTAIN UNITED WAY							
652 GRANGER ROAD							
BARRE, VT 05641	03-0261384	501(C)(3)	20,000.	0.			ECONOMIC MOBILITY
HANDSON RIVER REGION							
1537 JEAN STREET							
MONTGOMERY, AL 36107	63-0663412	501(C)(3)	52,375.	0.			HEALTH, ECONOMIC MOBILITY
HEART OF FLORIDA UNITED WAY							DISASTER RELIEF &
1940 CANNERY WAY							RECOVERY, GENERAL
ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	191,500.	0.			CHARITABLE OPERATIONS
			·				
HELPLINE CENTER, INC.							
3817 S ELMWOOD AVENUE							
SIOUX FALLS, SD 57108	23-7424387	501(C)(3)	40,000.	0.			HUMAN & SOCIAL SERVICES
INFORMATION & REFERRAL FEDERATION							
OF LOS ANGELES COUNTY - DBA 211 LA							
COUNTY - SAN GABRIEL, CA 91776	95-3510017	501(C)(3)	6,750.	0.			ECONOMIC MOBILITY
INLAND SOUTHERN CALIFORNIA 211+							
PO BOX 1613	95-2287250	E01/G\/2\	27,000.	0.			ECONOMIC MODILITY
RIVERSIDE, CA 92502	93-2287230	301(C)(3)	27,000.	0.			ECONOMIC MOBILITY
INTERFACE CHILDREN & FAMILY							
SERVICES - 4001 MISSION OAKS BLVD.							
SUITE 1 - CAMARILLO, CA 93012	95-2944459	501(C)(3)	98,400.	0.			ECONOMIC MOBILITY
JEWISH COMMUNITY SERVICES OF SOUTH							
FLORIDA - 12000 BISCAYNE BLVD,	E0 0637867	E01/G\/3\	15 000	_			HIIMAN C GOGTAL GERVICES
SUITE 303 - MIAMI, FL 33142	59-0637867	501(C)(3)	15,000.	0.			HUMAN & SOCIAL SERVICES
MAUI UNITED WAY							
95 MAHALANI STREET RM 24							DISASTER RELIEF &
WAILUKU, HI 96793-2521	99-0086524	501(C)(3)	50,000.	0.			RECOVERY

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO UNITED WAY 334 E. BROADWAY LOUISVILLE, KY 40202	61-0444680	501(C)(3)	95,000.	0.			GENERAL CHARITABLE OPERATIONS, HEALTH EQUITY, HUMAN & SOCIAL SERVICES
MONEY MANAGEMENT INTERNATIONAL, INC.DBA NEVADA 211 - 8685 W. SAHARA STE 240 - LAS VEGAS, NV							
89117	54-1837741	501(C)(3)	27,000.	0.			ECONOMIC MOBILITY
NJ 2-1-1 PARTNERSHIP PO BOX 504 CEDAR KNOLLS, NJ 07927	22-3338917	501(C)(3)	12,150.	0.			ECONOMIC MOBILITY
RAPPAHANNOCK UNITED WAY, INC. 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408	54-6042936	501(C)(3)	16,800.	0.			GENERAL CHARITABLE OPERATIONS, ECONOMIC MOBILITY
RIVER REGION UNITED WAY 3121 ZELDA COURT MONTGOMERY, AL 36101	63-0330778	501(C)(3)	30,000.	0.			GENERAL CHARITABLE OPERATIONS, HEALTH EQUITY
SOLARI, INC. 1275 W. WASHINGTON ST., SUITE 201 TEMPE, AZ 85281	26-0446321	501(C)(3)	40,000.	0.			HUMAN & SOCIAL SERVICES
THE DAVID AND LUCILE PACKARD FOUNDATION - 343 SECOND STREET - LOS ALTOS, CA 94022	94-2278431	501(C)(3)	21,309.	0.			GENERAL CHARITABLE OPERATIONS
THE UNITED WAY OF MIDLAND, INC. 1209 W WALL ST MIDLAND, TX 79701-6619	75-0945926	501(C)(3)	10,000.	0.			GENERAL CHARITABLE OPERATIONS
TRIDENT UNITED WAY PO BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	20,000.	0.			GENERAL CHARITABLE OPERATIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY EMERALD COAST, INC. 112 TUPELO AVE SE FORT WALTON BEACH, FL 32548-5555 59-0972293 501(C)(3) 28,900 0. ECONOMIC MOBILITY UNITED WAY FOR GREATER AUSTIN HEALTH, GENERAL 5930 MIDDLE FISKVILLE RD, 5TH FLOOR CHARITABLE OPERATIONS. AUSTIN, TX 78752 74-1193439 501(C)(3) 67,200 0 ECONOMIC MOBILITY UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W. GRAND BLVD. SUITE 500 - DETROIT, MI 48202 20-3099071 501(C)(3) 13,600 0. NUTRITION & FOOD SECURITY UNITED WAY FOX CITIES, INC. 1455 MIDWAY RD MENASHA, WI 54952 39-0912895 501(C)(3) 8,389. 0 ECONOMIC MOBILITY UNITED WAY OF ALAMANCE COUNTY, INC. - 220 EAST FRONT STREET -GENERAL CHARITABLE 56-0599239 501(C)(3) BURLINGTON, NC 27215 0. OPERATIONS 12,000. UNITED WAY OF ANCHORAGE PO BOX 200108 ANCHORAGE, AK 99520 92-0027948 501(C)(3) 0. HUMAN & SOCIAL SERVICES 8,000 UNITED WAY OF ASHEVILLE AND BUNCOMBE COUNTY - 50 S. FRENCH BROAD AVE. - ASHEVILLE, NC GENERAL CHARITABLE 0. OPERATIONS 28801-3271 56-0576157 501(C)(3) 8 800. UNITED WAY OF BERKS COUNTY 25 NORTH 2ND STREET SUITE 101 GENERAL CHARITABLE READING, PA 19601 23-1655375 501(C)(3) 12,000. 0. OPERATIONS UNITED WAY OF BREVARD COUNTY 1100 ROCKLEDGE BLVD, STE 300 GENERAL CHARITABLE ROCKLEDGE, FL 32955 59-0836384 501(C)(3) 9 350. 0. OPERATIONS

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ugo T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BROWARD COUNTY							
1300 S. ANDREWS AVENUE ANSIN							
BULDING - FORT LAUDERDALE, FL							GENERAL CHARITABLE
33316-1838	59-0624402	501(C)(3)	25,000.	0.			OPERATIONS
UNITED WAY OF BUCKS COUNTY							
413 HOOD BLVD							GENERAL CHARITABLE
FAIRLESS HILLS, PA 19030-2901	23-1409706	501(C)(3)	10,000.	0.			OPERATIONS
,							
UNITED WAY OF BUFFALO & ERIE							ECONOMIC MOBILITY,
COUNTY - 742 CLEVELAND AVENUE, -							DISASTER RELIEF &
BUFFALO, NY 14209	16-0743969	501(C)(3)	58,754.	0.			RECOVERY
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 CENTRAL & SOUTHERN UTAH - 148 N 100 W - PROVO, UT	04 2051601	F01/G)/3)	22,400				DECOMAND MODELLE
84601	94-2851681	501(C)(3)	32,400.	0.			ECONOMIC MOBILITY
UNITED WAY OF CENTRAL ALABAMA, INC 3600 8TH AVENUE SOUTH - BIRMINGHAM, AL 35222	63-0288846	501(C)(3)	20,400.	0.			ECONOMIC MOBILITY, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF CENTRAL CAROLINAS INC - 601 EAST 5TH ST STE 350 -	56-0529948	E01/C)/2)	200 050	0.			GENERAL CHARITABLE OPERATIONS
CHARLOTTE, NC 28202	56-0529946	501(C)(3)	308,850.	٠.			OPERATIONS
UNITED WAY OF CENTRAL FLORIDA							ECONOMIC MOBILITY,
5605 US HWY 98 S	F0 0116000	E01/G\/2\	24 485	_			GENERAL CHARITABLE
LAKELAND, FL 33812	59-2116280	DUT(C)(3)	34,175.	0.			OPERATIONS
UNITED WAY OF CENTRAL GEORGIA INC 301 MULBERRY STREET							ECONOMIC MOBILITY, HUMAN
MACON, GA 31201	58-0639811	501(C)(3)	40,800.	0.			& SOCIAL SERVICES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET, SUITE 100 NUTRITION & FOOD SECURITY DES MOINES, IA 50314-2527 42-0680425 501(C)(3) 13,600 0. GEN. CHARITABLE OPS UNITED WAY OF CENTRAL MARYLAND HEALTH EQUITY, HUMAN & 1800 WASHINGTON BLVD, SUITE 340 SOCIAL SVCS, ECON. BALTIMORE, MD 21230 52-0591543 501(C)(3) 129,700 0 MOBILITY UNITED WAY OF CENTRAL NEW MEXICO C/O ED RIVERA 2340 ALAMO AVE, SE 2N ALBUQUERQUE, NM 87106 85-0277138 501(C)(3) 21,600 0. ECONOMIC MOBILITY UNITED WAY OF CENTRAL WEST VIRGINIA - ONE UNITED WAY SOUARE GENERAL CHARITABLE - CHARLESTON, WV 25301 55-0402755 501(C)(3) 32,000, 0 OPERATIONS UNITED WAY OF CHARLOTTE COUNTY. GENERAL CHARITABLE INC. - 17831 MURDOCK CIRCLE, SUITE OPERATIONS, DISASTER 59-1149995 501(C)(3) RELIEF & RECOVERY A - PORT CHARLOTTE, FL 33948 0. 33,000, UNITED WAY OF CHESTER COUNTY 150 JOHN ROBERT THOMAS DRIVE GENERAL CHARTTABLE EXTON, PA 19341 23-2131877 501(C)(3) 0. OPERATIONS 10,000 UNITED WAY OF COASTAL GEORGIA. INC. - PO BOX 877 - BRUNSWICK, GA GENERAL CHARITABLE 58-0671327 501(C)(3) 0. OPERATIONS 31521 9 000. UNITED WAY OF COLLIER COUNTY, INC. GENERAL CHARITABLE 9015 STRADA STELL COURT SUITE 204 OPERATIONS, DISASTER RELIEF & RECOVERY NAPLES, FL 34109 59-1026096 501(C)(3) 40,500. 0. UNITED WAY OF CONNECTICUT 55 CAPITAL BLVD 06-1084194 501(C)(3) ROCKY HILL, CT 06067 10 800. 0. ECONOMIC MOBILITY

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Part II Continuation of Grants and Other A	toolotarioe to Bei	neotio oi gamzationo	Tuna Bonneous Ge	Vernmente (eend	, r d		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CUMBERLAND COUNTY							
РО ВОХ 303							GENERAL CHARITABLE
FAYETTEVILLE, NC 28301	56-0564342	501(C)(3)	10,300.	0.			OPERATIONS
UNITED WAY OF DANE COUNTY, INC.							
2059 ATWOOD AVENUE							
MADISON, WI 53704	39-0817532	501(C)(3)	23,300.	0.			ECONOMIC MOBILITY
UNITED WAY OF DAVIDSON COUNTY,							
INC PO BOX 492 - LEXINGTON, NC							GENERAL CHARITABLE
27293-0492	56-1847133	501(C)(3)	6,750.	0.			OPERATIONS
UNITED WAY OF DELAWARE, INC.							
LINDEN BUILDING, 3RD FLOOR 625 N.							
ORANGE ST WILMINGTON, DE							
19801-2296	51-0073399	501(C)(3)	50,000.	0.			HUMAN & SOCIAL SERVICE
UNITED WAY OF FLORIDA							
307-B EAST 7TH AVENUE							DISASTER RELIEF &
TALLAHASSEE, FL 32303-5520	59-2104175	501(C)(3)	130,718.	0.			RECOVERY
UNITED WAY OF FORSYTH COUNTY							ECONOMIC MOBILITY,
301 NORTH MAIN STREET SUITE 1700							GENERAL CHARITABLE
WINSTON-SALEM, NC 27101	23-7357234	501(C)(3)	201,251.	0.			OPERATIONS
INTERD MAY OF EDEDEDICY COUNTY							GENERAL CHARITABLE
UNITED WAY OF FREDERICK COUNTY, INC 629 N.MARKET STREET -							OPERATIONS, ECONOMIC
FREDERICK, MD 21705-0307	52-0607973	501(C)(3)	23,500.	0.			MOBILITY
TREEDINGS, INC. 21705 0007	32 0007373	301(0)(3)	23,300.				
UNITED WAY OF FRESNO AND MADERA							
COUNTIES - 4949 EAST KINGS CANYON							
ROAD - FRESNO, CA 93727-3812	94-1156514	501(C)(3)	25,000.	0.			HEALTH EQUITY
UNITED WAY OF GASTON COUNTY, INC.							
PO BOX 2597							GENERAL CHARITABLE
GASTONIA, NC 28053-2597	56-0653356	501(C)(3)	5,250.	0.			OPERATIONS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı ago i
(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 ATLANTA							
40 COURTLAND ST NE STE 300							
ATLANTA, GA 30303	58-0566194	501(C)(3)	723,450.	0.			ECONOMIC MOBILITY
UNITED WAY OF GREATER							
CHARLOTTESVILLE - 806 E. HIGH ST							GENERAL CHARITABLE
- CHARLOTTESVILLE, VA 22902-5126	54-0505882	501(C)(3)	10,000.	0.			OPERATIONS
TRUMBER WAY OF GREAMER GUAMMANOOGA							
UNITED WAY OF GREATER CHATTANOOGA							GENERAL GUARTMARIE
PO BOX 4027	62-0565962	E01/G\/3\	20,000.	0.			GENERAL CHARITABLE OPERATIONS
CHATTANOOGA, TN 37402	02-0303902	501(C)(3)	20,000.	0.			OPERATIONS
UNITED WAY OF GREATER CINCINNATI							
2400 READING ROAD							ECONOMIC MOBILITY, HUMAN
CINCINNATI, OH 45202	31-0537502	501(C)(3)	49,500.	0.			& SOCIAL SERVICES
-							
UNITED WAY OF GREATER GREENSBORO							
1500 YANCEYVILLE STREET							GENERAL CHARITABLE
GREENSBORO, NC 27405	56-0668555	501(C)(3)	50,000.	0.			OPERATIONS
UNITED WAY OF GREATER HIGH POINT,							
INC 815 PHILLIPS AVE - HIGH	56 0545406	504 (5) (2)	15 400				GENERAL CHARITABLE
POINT, NC 27262-4805	56-0547486	501(C)(3)	15,400.	0.			OPERATIONS
UNITED WAY OF GREATER HOUSTON							ECONOMIC MOBILITY, GEN.
50 WAUGH DRIVE							CHARITABLE OPERATIONS,
HOUSTON, TX 77007	74-1167964	501(C)(3)	125,749.	0.			HUMAN & SOCIAL SERVICES
	/1 110/301		120,713.	•			
UNITED WAY OF GREATER KANSAS CITY							
801 WEST 47TH STREET SUITE 500							
KANSAS CITY, MO 64112-1377	44-0545812	501(C)(3)	40,500.	0.			ECONOMIC MOBILITY
UNITED WAY OF GREATER KNOXVILLE							
1301 HANNAH AVENUE				_			GENERAL CHARITABLE
KNOXVILLE, TN 37921	62-0475748	b01(C)(3)	45,000.	0.			OPERATIONS, HEALTH EQUITY

UNITED WAY WORLDWIDE 13-1635294

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 W VINE ST MILWAUKEE, WI 53212-3935 39-0806190 501(C)(3) 50,000 0. HUMAN & SOCIAL SERVICES UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIRCLE GENERAL CHARITABLE NASHVILLE, TN 37228-1604 62-0533104 501(C)(3) 100,000 0 OPERATIONS UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1800 GENERAL CHARITABLE JOHN F KENNEDY BLVD STE 1200 -OPERATIONS COMMUNITY PHILADELPHIA, PA 19100 23-1556045 501(C)(3) 131,065, 0. ENGAGEMENT UNITED WAY OF GREATER RICHMOND & ECONOMIC MOBILITY. PETERSBURG - 7814 CAROUSEL LANE GENERAL CHARITABLE #400 - RICHMOND, VA 23294 23-7375346 501(C)(3) 100,800. 0 OPERATIONS UNITED WAY OF GREATER ST. LOUIS. INC. - PO BOX 503485 - SAINT 43-0714167 501(C)(3) 0. LOUIS, MO 63150-3485 18,050, ECONOMIC MOBILITY UNITED WAY OF GREATER TOLEDO 1001 MADISON AVE. STE.100 TOLEDO OH 43604-1495 34-4427947 501(C)(3) 0. ECONOMIC MOBILITY 25,750 UNITED WAY OF GREATER TRIANGLE. INC. - PO BOX 110583 - DURHAM, NC GENERAL CHARITABLE OPERATIONS 27709 56-1949103 501(C)(3) 122 000. 0. UNITED WAY OF GREENVILLE COUNTY. INC. - 105 EDINBURGH COURT -GENERAL CHARITABLE GREENVILLE, SC 29615 57-0362066 501(C)(3) 25,000. 0. OPERATIONS UNITED WAY OF HALL COUNTY, INC. GENERAL CHARITABLE PO BOX 2656 58-6011393 501(C)(3) GAINESVILLE, GA 30501 15 000. 0. OPERATIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) UNITED WAY OF HARRISONBURG AND ROCKINGHAM CO., INC. - P.O. BOX GENERAL CHARITABLE 326 - HARRISONBURG, VA 22807 54-0632716 501(C)(3) 10,000 0. OPERATIONS UNITED WAY OF HERNANDO COUNTY, INC. - 4028 COMMERCIAL WAY -GENERAL CHARITABLE SPRING HILL, FL 34606-2398 59-2848474 501(C)(3) 10,000 0 OPERATIONS UNITED WAY OF HORRY COUNTY, INC. PO BOX 50016 GENERAL CHARITABLE MYRTLE BEACH, SC 29579 57-0558692 501(C)(3) 10,000 0. OPERATIONS UNITED WAY OF IREDELL COUNTY GENERAL CHARITABLE 305 N. CENTER STREET OPERATIONS, ECONOMIC 56-0792674 501(C)(3) 7,708. STATESVILLE, NC 28677 0 MOBILITY UNITED WAY OF KENTUCKY 334 E BROADWAY STE 308 DISASTER RELIEF & 31-1106795 501(C)(3) RECOVERY LOUISVILLE, KY 40202-1739 0. 30,000, UNITED WAY OF KERN COUNTY 1707 EYE ST, 3RD FLOOR BAKERSFIELD, CA 93301 95-2274560 501(C)(3) 0. ECONOMIC MOBILITY 10,800, NUTRITION & FOOD UNITED WAY OF KING COUNTY 720 2ND AVE SECURITY, ECONOMIC 91-0565555 501(C)(3) 0. MOBILITY SEATTLE, WA 98104-1702 166 951. UNITED WAY OF KITSAP COUNTY 645 4TH UNIT 101 BREMERTON, WA 98337 91-0623990 501(C)(3) 8,000. 0. HUMAN & SOCIAL SERVICES UNITED WAY OF LAKE & SUMTER COUNTIES, INC. - 32644 BLOSSOM GENERAL CHARITABLE 59-1143758 501(C)(3) OPERATIONS LANE - LEESBURG, FL 34788 9 450. 0.

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T ago 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LANCASTER COUNTY							NUTRITION & FOOD
1910 HARRINGTON DR							SECURITY, GENERAL
LANCASTER, PA 17601	23-1352093	501(C)(3)	28,600.	0.			CHARITABLE OPERATIONS
UNITED WAY OF LANE COUNTY							
3171 GATEWAY LOOP							
SPRINGFIELD, OR 97477	93-0394142	501(C)(3)	23,100.	0.			ECONOMIC MOBILITY
							GENERAL CHARITABLE
UNITED WAY OF LEE COUNTY, INC.							OPERATIONS, HUMAN &
507 N. STEELE STREET, ROOM 209							SOCIAL SERVICES, DISASTER
SANFORD, NC 27330	23-7107722	501(C)(3)	42,500.	0.			RELIEF & RECOVERY
UNITED WAY OF LEE, HENDRY, AND							
GLADES COUNTIES - 7273 CONCOURSE							GENERAL CHARITABLE
DR - FORT MYERS, FL 33908	59-1005169	501(C)(3)	10,000.	0.			OPERATIONS
·			,				
UNITED WAY OF LINCOLN & LANCASTER							
COUNTY - 238 S 13TH ST STE 100 -							
LINCOLN, NE 68508	47-0376624	501(C)(3)	19,250.	0.			ECONOMIC MOBILITY
UNITED WAY OF LOGAN COUNTY, INC.							
130 S MAIN STREET #109							
BELLEFONTAINE, OH 43311	34-0905716	501(C)(3)	5,250.	0.			ECONOMIC MOBILITY
UNITED WAY OF LONG ISLAND							
819 GRAND BOULEVARD							
DEER PARK, NY 11729-5703	11-6042392	501(C)(3)	12,150.	0.			ECONOMIC MOBILITY
							GENERAL CHARITABLE
UNITED WAY OF MADISON COUNTY, INC.							OPERATIONS, ECONOMIC
701 ANDREW JACKSON WAY	63 0366004	E01/G\/3\		_			MOBILITY, HUMAN & SOCIAL
HUNTSVILLE, AL 35601	63-0366294	5U1(C)(3)	79,500.	0.			SERVICES
UNITED WAY OF MARION COUNTY, INC.							GENERAL CHARITABLE
1402 NE 2ND ST							OPERATIONS, HUMAN &
OCALA, FL 34470	31-0641236	501(C)(3)	20,000.	0.			SOCIAL SERVICES

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN DALLAS.							
INC 1800 N. LAMAR STREET -							GENERAL CHARITABLE
DALLAS, TX 75202	75-6005352	501(C)(3)	182,350.	0.			OPERATIONS, HEALTH
UNITED WAY OF MIAMI-DADE							
ANSIN BLDG, 3250 SW THIRD AVENUE							GENERAL CHARITABLE
MIAMI, FL 33129-2712	59-0830840	501(C)(3)	25,000.	0.			OPERATIONS
UNITED WAY OF NEW YORK CITY 205 42ND STREET							
NEW YORK, NY 10016	13-2617681	501(C)(3)	47,150.	0.			ECONOMIC MOBILITY
UNITED WAY OF NORTH CAROLINA 1130 KILDARE FARM ROAD SUITE 100 CARY, NC 27511	56-0564547	501(C)(3)	50,000.	0.			ECONOMIC MOBILITY
UNITED WAY OF NORTH CENTRAL							
FLORIDA - 6031 NW 1ST PL -							GENERAL CHARITABLE
GAINESVILLE, FL 32607-2025	59-0808855	501(C)(3)	5,050.	0.			OPERATIONS
UNITED WAY OF NORTHEAST FLORIDA,							ECONOMIC MOBILITY,
INC 40 E. ADAMS STREET, SUITE							GENERAL CHARITABLE
301 - JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	113,700.	0.			OPERATIONS
UNITED WAY OF NORTHEAST GEORGIA							GENERAL CHARITABLE
1 HUNTINGTON ROAD, SUITE 805							OPERATIONS, ECONOMIC
ATHENS, GA 30606	58-6008133	501(C)(3)	25,000.	0.			MOBILITY
UNITED WAY OF NORTHERN NEVADA AND							
THE SIERRA - 639 ISBELL ROAD,							
SUITE 460 - RENO, NV 89509	88-0059327	501(C)(3)	11,550.	0.			ECONOMIC MOBILITY
UNITED WAY OF NORTHERN SHENANDOAH							
VALLEY - P.O. BOX 460 -							GENERAL CHARITABLE
WINCHESTER, VA 22601	54-0525106	501(C)(3)	20,000.	0.			OPERATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD ST LOWELL, AR 72745 71-0305700 501(C)(3) 42,280 0. ECONOMIC MOBILITY UNITED WAY OF NORTHWEST GEORGIA GENERAL CHARITABLE 816 S THORNTON AVE. OPERATIONS, ECONOMIC DALTON, GA 30720 58-0905881 501(C)(3) 50,000 0 MOBILITY UNITED WAY OF NORTHWEST VERMONT INC. - 412 FARRELL STREET, SUITE 200 - BURLINGTON, VT 05403 03-0217229 501(C)(3) 25,000 0. ECONOMIC MOBILITY UNITED WAY OF ONSLOW COUNTY, INC. 403 N. BAYSHORE BLVD. JACKSONVILLE, NC 28540 23-7356577 501(C)(3) 0 ECONOMIC MOBILITY 6,750. UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVE STE 230 GENERAL CHARITABLE 59-0683258 501(C)(3) WEST PALM BEACH, FL 33401 0. OPERATIONS 25,000, UNITED WAY OF PASCO COUNTY 17230 CAMELOT COURT GENERAL CHARITABLE L AND O LAKES, FL 34638-7202 59-2193178 501(C)(3) 0. OPERATIONS 20,000 UNITED WAY OF PIERCE COUNTY PO BOX 2215 91-0650669 501(C)(3) 0. TACOMA, WA 98401-2215 64 050 ECONOMIC MOBILITY UNITED WAY OF PITT COUNTY PO BOX 1028 GENERAL CHARITABLE GREENVILLE, NC 27834 56-0671360 501(C)(3) 10,000. 0. OPERATIONS UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVE SW GENERAL CHARITABLE 54-0535302 501(C)(3) ROANOKE, VA 24016-3624 30 000. 0. OPERATIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ROBESON COUNTY							
PO BOX 2652							GENERAL CHARITABLE
LUMBERTON, NC 28359-2652	58-1636285	501(C)(3)	15,000.	0.			OPERATIONS
UNITED WAY OF RUTHERFORD COUNTY,							
INC P O BOX 823 -							GENERAL CHARITABLE
MURFREESBORO, TN 37129	56-1030597	501(C)(3)	15,000.	0.			OPERATIONS
THISTON WAY OF CALE LAND							
UNITED WAY OF SALT LAKE 257 E 200 SOUTH SUITE 300							HUMAN & SOCIAL SERVICES,
SALT LAKE CITY, UT 84111-8099	87-0227091	501(C)(3)	130,180.	0.			ECONOMIC MOBILITY
,							
UNITED WAY OF SAN ANTONIO AND							
BEXAR COUNTY - P.O. BOX 898 - SAN							GENERAL CHARITABLE
ANTONIO, TX 78148	81-2566792	501(C)(3)	25,000.	0.			OPERATIONS
UNITED WAY OF SANTA CRUZ COUNTY							
4450 CAPITOLA RD STE 106	04 1400451	F01/G1/21	6 050				
CAPITOLA, CA 95010	94-1422471	501(C)(3)	6,050.	0.			ECONOMIC MOBILITY
UNITED WAY OF SOUTH CENTRAL							
MICHIGAN - 709 S WESTNEDGE AVE -							
KALAMAZOO, MI 49007-6003	38-1359193	501(C)(3)	40,000.	0.			ECONOMIC MOBILITY
UNITED WAY OF SOUTH HAMPTON ROADS							GENERAL GUARTERARIE
2515 WALMER AVENUE	54-0506322	E01/G\/3\	90,000.	0.			GENERAL CHARITABLE OPERATIONS
NORFOLK, VA 23513	34-0506322	501(C)(3)	90,000.	٠.			OPERATIONS
UNITED WAY OF SOUTH SARASOTA							GENERAL CHARITABLE
COUNTY, INC 4242 SOUTH TAMIAMI							OPERATIONS, ECONOMIC
TRAIL - VENICE, FL 34293	59-1100846	501(C)(3)	33,000.	0.			MOBILITY
UNITED WAY OF SOUTHEAST LOUISIANA							DIGAGMED DELIES C
2515 CANAL STREET	72-0471369	501/C\/3\	30,000.	0.			DISASTER RELIEF & RECOVERY
NEW ORLEANS, LA 70119-6435	12-04/1309	POT(C)(3)	30,000.	<u> </u>		1	RECOVERY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INITED WAY OF SOUTHERN CAMERON							
COUNTY - 634 EAST LEVEE ST							
BROWNSVILLE, TX 78520	74-1241385	501 (C) (3)	25,000.	0.			ECONOMIC MOBILITY
BROWNSVIELE, IX 70320	74 1241303	301(0)(3)	23,000.	· ·			DEGNOMIC MODILITY
UNITED WAY OF SOUTHERN KENTUCKY,							GENERAL CHARITABLE
INC P.O. BOX 3330 - BOWLING							OPERATIONS, ECONOMIC
GREEN, KY 42102-3330	61-0590564	501(C)(3)	10,250.	0.			MOBILITY
SKEEN, KI 42102 3330	01 0330304	301(0)(3)	10,230.	· ·			HODIETT
UNITED WAY OF SOUTHWEST ALABAMA							
INC - 218 ST. FRANCIS STREET -							
MOBILE, AL 36602	63-0351568	501(C)(3)	31,750.	0.			ECONOMIC MOBILITY
1102112, 111 00002	03 0331300	301(0)(3)	31,730.	•			DOGNOTTIC HODILITI
UNITED WAY OF SOUTHWEST GEORGIA							ECONOMIC MOBILITY,
PO BOX 70429							GENERAL CHARITABLE
ALBANY, GA 31708-0429	58-0655156	501 (C) (3)	30,950.	0.			OPERATIONS
ADDANI, GA 31700 0423	30 0033130	301(0/(3/	30,330.	· ·			OI EKATIONS
UNITED WAY OF ST. JOSEPH COUNTY,							
INC 3517 E JEFFERSON BLVD							
SOUTH BEND, IN 46615	35-1063368	501/C\/3\	19,250.	0.			ECONOMIC MOBILITY
5001H BEND, IN 40013	33-1003300	301(0/(3/	19,230.	0.			ECONOMIC MOBILITY
UNITED WAY OF SUMMIT & MEDINA							
37 N HIGH ST							
	34-1169257	E01/C\/2\	72,264.	0.			ECONOMIC MOBILITY
AKRON, OH 44308	34-1109257	301(C)(3)	72,204.	0.			ECONOMIC MOBILITY
UNITED WAY OF TARRANT COUNTY							
201 NORTH RUPERT STREET, SUITE 107							GENERAL CHARITABLE
		E01/G\/3\	20.000	0.			OPERATIONS
FORT WORTH, TX 76107	75-0858360	501(C)(3)	20,000.	٠.			OPERATIONS
INTER WAY OF THE RIC DENN THE							
UNITED WAY OF THE BIG BEND, INC.							GENERAL GUARTMARIE
307 E 7TH AVE	F0 C0111F0	F01/G\/2\		_			GENERAL CHARITABLE
TALLAHASSEE, FL 32303	59-6011150	DU1(C)(3)	7,500.	0.			OPERATIONS
INTERD HAV OF MILE DIVISORACE							EGONOMIG MODILITES
UNITED WAY OF THE BLUEGRASS							ECONOMIC MOBILITY,
651 PERIMETER DR STE 510		F04 (=) (0)		_			GENERAL CHARITABLE
LEXINGTON, KY 40517	61-0444579	501(C)(3)	17,400.	0.			OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE BRAZOS VALLEY, INC 1716 BRIARCREST DRIVE SUITE 155 - BRYAN, TX 77802	74-0250241	501(C)(3)	25,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF THE CENTRAL SAVANNAH RIVER AREA - 1765 BROAD STREET - AUGUSTA, GA 30904	58-0566155	501(C)(3)	62,400.	0.			GENERAL CHARITABLE OPERATIONS, ECONOMIC MOBILITY
UNITED WAY OF THE CHATTAHOOCHEE VALLEY - PO BOX 1157 - COLUMBUS, GA 31902-1157	58-0572434	501(C)(3)	22,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF THE COASTAL EMPIRE, INC 428 BULL STREET - SAVANNAH, GA 31401-4963	58-0623623	501(C)(3)	54,150.	0.			ECONOMIC MOBILITY, GENERAL CHARITABLE OPERATIONS
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PARKWAY NORTHEAST SUITE F-120 - ALLENTOWN, PA 18109	23-2657933	501(C)(3)	20,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF THE LOWER EASTERN SHORE - 801 N. SALISBURY BOULEVARD, SUITE 202 - SALISBURY, MD 21801	52-6016589	501(C)(3)	10,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	47-0376605	501(C)(3)	132,400.	0.			GENERAL CHARITABLE OPERATIONS, ECONOMIC MOBILITY, HUMAN & SOCIAL SERVICES
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN STREET MEMPHIS, TN 38112	56-1010742	501(C)(3)	70,000.	0.			GENERAL CHARITABLE OPERATIONS
UNITED WAY OF THE MOHAWK VALLEY INC - 258 GENESEE ST 1ST FL - UTICA, NY 13501	15-0532074	501(C)(3)	5,400.	0.			ECONOMIC MOBILITY

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) UNITED WAY OF THE NATIONAL CAPITAL AREA - 1015 15TH ST NW STE1200 -GENERAL CHARITABLE WASHINGTON, DC 20005 53-0234290 501(C)(3) 20,000 0. OPERATIONS UNITED WAY OF THE PIEDMONT PO BOX 5624 GENERAL CHARITABLE SPARTANBURG, SC 29304-5624 57-0314377 501(C)(3) 10,000 0 OPERATIONS UNITED WAY OF THE PLAINS 245 N. WATER ST. WICHITA, KS 67202 48-0547688 501(C)(3) 5,198. 0. ECONOMIC MOBILITY UNITED WAY OF VOLUSIA-FLAGLER CO. . INC. - 1530 CORNERSTONE BLVD -GENERAL CHARITABLE DAYTONA BEACH, FL 32124 59-1099774 501(C)(3) 15,000. 0 OPERATIONS UNITED WAY OF WALTON COUNTY ECONOMIC MOBILITY. GENERAL CHARITABLE P.O. BOX 582 58-1866454 501(C)(3) OPERATIONS 0. MONROE, GA 30655-0582 5,950. UNITED WAY OF WEST FLORIDA INC 1301 W GOVERNMENT ST PENSACOLA, FL 32501-5314 59-0651076 501(C)(3) 0. ECONOMIC MOBILITY 45,000 UNITED WAY OF WEST TENNESSEE, INC. 470 N PARKWAY, SUITE B GENERAL CHARITABLE JACKSON, TN 38305 62-0590257 501(C)(3) 0. OPERATIONS 10 000 UNITED WAY OF WESTCHESTER AND PUTNAM, INC. - 336 CENTRAL PARK AVE - WHITE PLAINS, NY 10606 13-1997636 501(C)(3) 109,500. 0. ECONOMIC MOBILITY UNITED WAY OF WILSON COUNTY, INC. GENERAL CHARITABLE PO BOX 1147 56-6021445 501(C)(3) OPERATIONS WILSON, NC 27894-1147 123 800. 0.

Schedule I (Form 990)

					edule I (Form 990), Pa		
(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
NITED WAY OF WISCONSIN 059 ATWOOD AVE. IADISON, WI 53704-6608	39-1609340	501(C)(3)	40,000.	0.			ECONOMIC MOBILITY
INITED WAY OF YORK COUNTY 40 EAST MARKET STREET FORK, PA 17403	23-1352588		8,000.	0.			GENERAL CHARITABLE OPERATIONS
INITED WAY SUNCOAST 201 W. KENNEDY BOULEVARD SUITE 600 PAMPA, FL 33609-1820	) 59-3725701	501(C)(3)	73,000.	0.			ECONOMIC MOBILITY, GENERAL CHARITABLE OPERATIONS
INITED WAYS OF THE PACIFIC IORTHWEST - 400 UNION AVE SE, STE 200 - OLYMPIA, WA 98501	91-1055031	501(C)(3)	30,000.	0.			DISASTER RELIEF & RECOVERY
VIA VISUALLY IMPAIRED ADVANCEMENT 170 MAIN STREET SUFFALO, NY 14209	16-0743930	501(C)(3)	71,350.	0.			ECONOMIC MOBILITY, HU
OLUNTEERS OF AMERICA WESTERN VASHINGTON - PO BOX 839 - EVERETT, VA 98206	91-0577129	501(C)(3)	8,000.	0.			HUMAN & SOCIAL SERVIC
IASHINGTON HUMANE SOCIETY '1 OGLETHORPE STREET NW IASHINGTON, DC 20011	53-0219724	501(C)(3)	10,000.	0.			ECONOMIC MOBILITY

Schedule I (Form 990) 2023 UNITED WAY WORLDWIDE 13-1635294 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(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 informat	ion required in Part I, lin	e 2; Part III, columr	n (b); and any other ac	l Iditional information.	
ART I, LINE 2:					
ROCEDURES FOR MONITORING USE OF GRANT FUNDS					
RANTEES ARE REQUIRED TO SUBMIT A NARRATIVE PR	ROPOSAL AND BUDGET	ABOUT THE			
ROJECT FOR WHICH FUNDING IS BEING REQUESTED,	IN ORDER TO BE CO	NSIDERED FOR			
UNDING. WHEN FUNDS ARE AWARDED, THE GRANTEE	IS REQUIRED TO SIG	N A BINDING			
ONTRACT WHICH ESTABLISHES THE PURPOSE OF THE					
UBMISSION OF AN INTERIM AND FINAL FINANCIAL F	·				
ARRATIVE REPORTS, DETAILING THE ACTUAL EXPENS	SES AND DESCRIBING	THE ACTUAL			

332291

# 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

2023

Open to Public Inspection

Name of the organization UNITED WAY WORLDWIDE

Employer identification number 13-1635294

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	<u> </u>
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	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:	_		v
	The organization?	5a		X
D	Any related organization?	5b		
^	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:	0-		х
	The organization?	6a		X
b	Any related organization?	6b		_
-	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	7	Х	
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		$\vdash$
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 UNITED WAY WORLDWIDE 13-1635294 Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANGELA WILLIAMS	(i)	599,409.	380,000.	11,791.	13,199.	41,017.	1,045,416.	100,000.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRUCE FRIEDMAN	(i)	279,871.	85,000.	9,093.	9,270.	55,012.	438,246.	0.
SVP, FINANCE TO 9/23; CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALICE ARCHCABAL	(i)	385,159.	19,000.	10,098.	5,937.	540.	420,734.	0.
EVP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ODESSA JACKSON	(i)	352,762.	29,167.	11,380.	11,915.	7,437.	412,661.	0.
GENERAL COUNSEL & CRO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LADAWN NAEGLE	(i)	270,858.	60,000.	10,610.	11,107.	33,017.	385,592.	0.
EVP, CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JACQUELINE GORDON	(i)	284,090.	42,000.	40,237.	10,202.	843.	377,372.	0.
EVP, PEOPLE & CULTURE (TO 9/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) OMOIYE KINNEY	(i)	280,428.	20,833.	6,158.	9,706.	16,189.	333,314.	0.
EVP, MARKETING & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THOMAS LOWERY	(i)	242,554.	15,000.	10,871.	2,236.	41,022.	311,683.	0.
SVP, NETWORK RESILIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERIN BUDDE	(i)	227,178.	28,107.	6,037.	10,987.	38,378.	310,687.	0.
SVP, STRATEGIC INSIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RACHEL SMALL	(i)	256,227.	7,620.	4,807.	3,089.	16,191.	287,934.	0.
SVP, GOVERNMENT PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MAUREEN GRANT HAYES	(i)	224,200.	0.	10,097.	17,336.	17,939.	269,572.	0.
VP, MAJOR DONOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN FARDEN	(i)	258,701.	0.	3,899.	0.	3,799.	266,399.	0.
EVP, GLOBAL NTWK ADV & OPS(BEG 4/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DR. NICOLE COOPER	(i)	205,713.	50,000.	3,256.	0.	6,979.	265,948.	0.
EVP, CHIEF STR & INNOV OFF(BEG 4/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MOLLY VANDERLOO	(i)	109,641.	20,000.	122,613.	0.	8,032.	260,286.	0.
EVP, CHIEF FINANCIAL OFF (5/23-9/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BYRON GARRETT	(i)	198,451.	10,000.	5,131.	0.	9,845.	223,427.	0.
EVP, GOVT PARTNERSHIPS (BEG 7/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LAWANA JONES	(i)	176,261.	20,000.	6,789.	7,246.	11,206.	221,502.	0.
EVP, CHIEF TECHNOLOGY OFF (BEG 4/23)	(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.

	(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) BRIAN GALLAGHER	(i)	0.	0.	188,776.	0.	0.	188,776.	62,990.
FORMER CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Schedule J (Form 990) 2023

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. SUCH TRIPS ARE

SUBJECT TO RULES OF THE ORGANIZATION'S ACCOUNTABLE PLAN AND CONSIDERED

NON-TAXABLE IF PAID BY UWW.

PART I, LINE 3:

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

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

OVERSIGHT OF COMPENSATION AND BENEFITS PROGRAMS FOR THE UWW CHIEF EXECUTIVE

OFFICER AND OTHER EXECUTIVE LEVEL STAFF ("EXECUTIVES"), AND FOR ENSURING

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

THE ORGANIZATION'S MISSION VALUES AND GOALS.

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

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

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

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

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

INCENTIVE AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING FOR

REASONABLENESS THE CEO'S RECOMMENDATIONS FOR COMPENSATION AND BENEFITS OF

THE OTHER EXECUTIVES. 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 ON AT LEAST A BIENNIAL BASIS. THE COMMITTEE

REVIEWS AND DISCUSSES THAT DATA BEFORE DETERMINING THE COMPENSATION OF THE

CEO AND REASONABLENESS OF THE COMPENSATION OF OTHER EXECUTIVES. SUCH

DECISION IS DOCUMENTED CONTEMPORANEOUSLY BY THE COMMITTEE.

PART I LINE 4A:

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT PURSUANT TO THE

POLICIES AND PROCEDURES OF UNITED WAY WORLDWIDE UPON SEPARATION. THE

SEVERANCE PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AS

PART OF OTHER REPORTABLE COMPENSATION:

MOLLY VANDERLOO \$93,889

Schedule J (Form 990) 2023

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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE EXECUTIVE MANAGEMENT TEAM IS PAID A BONUS BASED UPON A COMBINATION OF
INDIVIDUAL PERFORMANCE GOALS APPROVED BY THE BOARD AND THE PERFORMANCE OF
THE ORGANIZATION. IT IS NOT A MATRIX BASED ON A SCORE BUT SOMEWHAT
DISCRETIONARY.

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Schedule J (Form 990) 2023

# SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

UNITED WAY WORLDWIDE 13-1635294 FORM 990, PART III, LINE 1 ORGANIZATION'S MISSION FOR 137 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 2023 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: GLOBAL NETWORK ADVANCEMENT - THE GLOBAL NETWORK ADVANCEMENT TEAM

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

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 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 4B, DESCRIPTION OF PROGRAM SERVICE: 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 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 - BRAND STRATEGY AND MARKETING TEAM PROVIDES SUPPORT IN ALL BRAND IDENTITY TO UNITED WAY MEMBERS AND CONSISTENCY MATTERS INCLUDING MARKETING, ADVERTISING AND OUR PROMOTIONAL OPPORTUNITIES DESIGNED TO PROMOTE INDIVIDUAL PARTICIPATION

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 IN ADVANCING THE COMMON GOOD AND TO STRENGTHEN TRUST IN THE UNITED WAY BRAND AROUND THE WORLD. OTHER PROGRAM SERVICES - OTHER PROGRAM SERVICES INCLUDE THE SUPPORT FOR THE 211 PLATFORM WHICH PROVIDES COMPREHENSIVE INFORMATION ON LOCAL RESOURCES AND SERVICES THROUGHOUT THE COUNTRY, THE PRODUCTION AND DELIVERY OF TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR UNITED WAY VOLUNTEERS, STAFF, AND PARTNERS; AND PROVIDING LICENSING RIGHTS TO SELECT VENDORS TO SELL PROMOTIONAL PRODUCTS BEARING THE UNITED WAY BRAND AND TRADEMARKS. TOTAL PART III, LINE 4D AMOUNTS ARE REPORTED BELOW: EXPENSES \$ 13,508,850. INCL GRANTS OF \$ 94,749. REVENUE \$ 21,897,610. FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS 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 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 MEMBERS MUST APPROVE THE AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION AND

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 ANY MATERIAL CHNAGES 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 ORGANIZATON'S CONFLICT-OF-INTEREST POLICY WAS REVISED AND APPROVED BY THE BOARD OF TRUSTEES AND IS ENFORCED BY THE CHIEF COMPLIANCE AND ETHICS OFFICER. ANNUALLY BOARD MEMBERS, OFFICERS, SENIOR ADMINISTRATIVE PERSONNEL, AND KEY EMPLOYEES 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

Name of the organization **Employer identification number** UNITED WAY WORLDWIDE 13-1635294 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 ON AT LEAST A BIENNIAL BASIS. THE COMMITTEE REVIEWS AND DISCUSSES THAT DATA BEFORE DETERMINING THE COMPENSATION OF THE CEO AND EXECUTIVES. SUCH DECISION IS DOCUMENTED CONTEMPORANEOUSLY BY THE COMMITTEE. FORM 990. PART VI. LINE 17. LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NCND,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).

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

	Page Page
	Employer identification number 13-1635294
9,667,864.	
1,035,036.	
384,032.	
11,086,932.	
300,960.	
637,386.	
56,963.	
995,309.	
3,425,977.	
171,282.	
3,597,259.	
15,679,500.	
642,288.	
-470,124.	
172,164.	
	1,035,036.  384,032.  11,086,932.  300,960.  637,386.  56,963.  995,309.  3,425,977.  171,282.  3,597,259.  15,679,500.

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

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

13-1635294

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes'	on Form 990, Part IV, line 33	3.		•			
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	·	s Direct controlli entity		J
UNITED WAY DIGITAL HOLDINGS, LLC - 81-5211422, 701 N FAIRFAX STREET,								
·	SOFTWARE	DELAWARE		0.	0.	UNITED WAY V	WORLDWI	DE
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one	e or more	related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5 contr	olled
		, , , , , , , , , , , ,		501(c)(3))			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 WORLDW		x	
Chopping Shi, none none		none none	301(0)(3)		NORLEN	131		

UNITED WAY WORLDWIDE

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

organization action to the partition of the control													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	g Predominant income (related, unrelated,	ect controlling Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, unrelated, excluded from tax under	income end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership	
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10		
	1												
	1												
	1												
	1												
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	1												
	l .	L	l .	ı		l			1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
,	FUNDRAISING CAMPAIGN PLEDGE PROCESSING	DE	N/A	C CORP	0.	0.		res	X

Page 2

UNITED WAY WORLDWIDE 13-1635294 Page 3 Schedule R (Form 990) 2023

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

1a

Х

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

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?

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

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
I Performance of services or membership or fundraising solicitations for related orga				11	Х	
m Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1n	Х	
Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Х	
				1r		Х
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1) UNITED WAY WORLDWIDE (ASIA) LIMITED	P	285,516.	COST			
2)						
3)						
1)						
<u>"</u>						
5)						
-7						
6)						
12163 09-28-23			Schedule	D /Farr	- 000	1 2022

Schedule R (Form 990) 2023 UNITED WAY WORLDWIDE 13-1635294 Page 4

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

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

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

2165 09-28-23 Schedule R (Form 990) 2023