

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ORANGE COUNTY'S UNITED WAY</u>			<b>D</b> Employer identification number <u>33-0047994</u>
	Doing Business As			<b>E</b> Telephone number <u>(949) 660-7600</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <u>18012 MITCHELL SOUTH IRVINE, CA 92614-6008</u>			
<b>F</b> Name and address of principal officer: <u>SUSAN B. PARKS 18012 MITCHELL SOUTH, IRVINE, CA 92614</u>			<b>G</b> Gross receipts \$ <u>68,489,368.</u>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: <u>WWW.UNITEDWAYOC.ORG</u>			<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1940</u> <b>M</b> State of legal domicile: <u>CA</u>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>ORANGE COUNTY UNITED WAY IMPROVES LIVES BY DELIVERING LONG-TERM SOLUTIONS TO COMPLEX ISSUES IN EDUCATION, FINANCIAL STABILITY, HEALTH, AND HOUSING IN ORANGE COUNTY.</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 51
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 50
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b> 79
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 2,857
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 47,745,113. <b>Current Year</b> 67,629,732.
	<b>9</b> Program service revenue (Part VIII, line 2g)	NONE NONE
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	207,419. 190,009.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,826. -99,196.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,986,358. 67,720,545.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE NONE
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,972,472. 5,319,584.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE NONE
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,735,156.</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,877,050. 2,638,244.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		48,990,809. 68,439,130.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,004,451. -718,585.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 35,809,028. <b>End of Year</b> 28,387,789.
	<b>21</b> Total liabilities (Part X, line 26)	9,639,244. 4,902,946.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	26,169,784. 23,484,843.

## Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>CINDY J JANIKOWSKI</u>	Preparer's signature <u>CINDY J JANIKOWSKI</u>	Date <u>02/21/2023</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00165179</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>			
	Firm's address ▶ <u>600 ANTON BLVD. STE. 500 COSTA MESA, CA 92626</u>	Phone no. <u>714-957-3200</u>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 56,292,943. including grants of \$ 56,292,943. ) (Revenue \$ )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 3,731,248. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 4,188,359. including grants of \$ 4,188,359. ) (Revenue \$ )

SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 64,212,550.

Part IV Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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. <span style="float:right">79</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b>	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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . . <span style="float:right">14b</span>		
<b>15</b>	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? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (51), 1b (50), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records EMILIE TELLO 18012 MITCHELL SOUTH IRVINE, CA 92614

949-660-7600

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN B. PARKS PRESIDENT, CEO	37.50 NONE	X		X				439,230.	NONE	16,406.
(2) EMILEE TELLO CHIEF FINANCIAL OFFICER	37.50 NONE			X				216,737.	NONE	16,486.
(3) CHRIS TICKNOR CHIEF TRANSFORMATION OFFICER	37.50 NONE				X			228,720.	NONE	612.
(4) ROBERT E. KENT PHILANTHROPY CLOUD EXECUTIVE	37.50 NONE					X		159,902.	NONE	12,601.
(5) MIKE GREENE VICE PRESIDENT, OPERATIONS	37.50 NONE					X		133,880.	NONE	11,815.
(6) REBECCA HEYHOE EXECUTIVE DIRECTOR, U2EH	37.50 NONE					X		130,810.	NONE	11,102.
(7) BRENVALE TOOMER-BYAS (OUTGOING) EXECUTIVE DIRECTOR, U4FS	37.50 NONE					X		128,139.	NONE	6,726.
(8) SERGIO CONTRERAS EXECUTIVE DIRECTOR, U4SS	37.50 NONE					X		128,485.	NONE	4,557.
(9) KENNETH F. LICKEL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) MICHAEL M. RUANE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) ERNEST SCHROEDER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) ANTONELLA CASTRO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) TIMOTHY S. CLYDE SECRETARY, DIRECTOR	1.00 NONE	X		X				NONE	NONE	NONE
(14) TAM NGUYEN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) ASHLEIGH AITKEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 16 ) STEVEN D. ALLISON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 17 ) BEN ALVARADO TREASURER, DIRECTOR	1.00 NONE	X		X			NONE	NONE	NONE	
( 18 ) CHARLES ANTIS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 19 ) LAWRENCE R. ARMSTRONG DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 20 ) SHIRIN BEHZADI DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 21 ) NICOLE CARRILLO HALL DIRECTOR (OUTGOING)	1.00 NONE	X					NONE	NONE	NONE	
( 22 ) MARK CLEMENS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 23 ) MARTHA V. DANIEL DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 24 ) DILANTHI DE ALWIS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 25 ) DIANE BROOKS DIXON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							1,565,903.	NONE	80,305.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,565,903.	NONE	80,305.	

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 ► 16

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

**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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ADRIAN S. GRIGGS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 27 ) JEFF HITTENBERGER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 28 ) JAMES JOHNSON, JR. DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 29 ) MICHAEL A. JOHNSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 30 ) JACQUELINE A. BRYA KELLEY DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 31 ) KEITH KOBATA DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 32 ) NANDA KUMAR CHERUVATATH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 33 ) ROBERT LAMBERT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 34 ) LISA LOCKLEAR DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 35 ) PAULA MATTSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 36 ) HENRY MENDOZA DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ▶

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

**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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) JOE NUZZOLESE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 38 ) ADEY NYAMATHI (OUTGOING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 39 ) MAGGIE O'SULLIVAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 40 ) BILL PEDIGO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 41 ) ROBBIN NARIKE PRECIADO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 42 ) JAMES SCHEINKMAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 43 ) CHRISTINE SCHEUNEMAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 44 ) MITCHELL SHENKIN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 45 ) JOHN F. SIMONIS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 46 ) ALLEN STAFF DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 47 ) MARK E. STOCKTON (OUTGOING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ▶

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

**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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) JOHN E. STRATMAN, JR. DIRECTOR (OUTGOING)	1.00 NONE	X					NONE	NONE	NONE	
( 49 ) JOHN VALENTA DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 50 ) FRAMROZE VIRJEE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 51 ) STEVE CHURM CHAIR, DIRECTOR	1.00 NONE	X		X			NONE	NONE	NONE	
( 52 ) PHYLLIS ANDERSON (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 53 ) HUGH CONNERS (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 54 ) RENEE HENDRICK (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 55 ) ANN JOHNSTON (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 56 ) BILL MAURER (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 57 ) VICTORIA RIXON (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 58 ) RICHARD SANCHEZ (INCOMING) DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ▶

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

**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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for RYAN SMITH and TODD ZEGERS.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for SEE SCHEDULE O.

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	11,735,149.	<b>1</b>	6,352,430.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	3,079,056.	<b>3</b>	7,079,008.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	36,226.	<b>9</b>	69,668.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 6,512,856.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 5,248,556.		
		1,291,491.	<b>10c</b>	1,264,300.
	<b>11</b> Investments - publicly traded securities . . . . .	19,667,106.	<b>11</b>	13,622,383.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	NONE	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	35,809,028.	<b>16</b>	28,387,789.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,728,399.	<b>17</b>	2,117,371.
	<b>18</b> Grants payable . . . . .	7,910,845.	<b>18</b>	2,785,575.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	NONE	<b>25</b>	NONE
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,639,244.	<b>26</b>	4,902,946.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	21,497,275.	<b>27</b>	18,812,334.
	<b>28</b> Net assets with donor restrictions . . . . .	4,672,509.	<b>28</b>	4,672,509.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	26,169,784.	<b>32</b>	23,484,843.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	35,809,028.	<b>33</b>	28,387,789.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,720,545.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	68,439,130.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-718,585.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	26,169,784.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,383,456.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	417,100.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	23,484,843.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2021)



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

JSA  
1E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (98.27%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (96.79%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> 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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> 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 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .  ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .  ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	181,513.	13,070.	3,074.	NONE	12.	197,669.
<b>TOTALS</b>	181,513.	13,070.	3,074.	NONE	12.	197,669.



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[ ] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <p style="text-align: center;">ORANGE COUNTY'S UNITED WAY</p>	Employer identification number <p style="text-align: center;">33-0047994</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 6,947,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 8,253,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 4,323,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 2,045,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 19,254,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 3,251,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

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

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

Name of organization <p style="text-align:center;">ORANGE COUNTY'S UNITED WAY</p>	Employer identification number <p style="text-align:center;">33-0047994</p>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ORANGE COUNTY'S UNITED WAY	Employer identification number 33-0047994
--	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		38,625.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		12,875.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		51,500.													
<b>d</b> Other exempt purpose expenditures . . . . .		68,387,630.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		68,439,130.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount	937,709.	1,000,000.	1,000,000.	1,000,000.	3,937,709.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					5,906,564.
<b>c</b> Total lobbying expenditures	40,000.	45,000.	50,000.	51,500.	186,500.
<b>d</b> Grassroots nontaxable amount	234,427.	250,000.	250,000.	250,000.	984,427.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,476,641.
<b>f</b> Grassroots lobbying expenditures	30,000.	33,750.	37,500.	38,625.	139,875.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as requested in the instructions above.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 2 columns: Question, Amount. Includes rows for reporting art and historical treasures held for public service.

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

Schedule D (Form 990) 2021



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,997,326.	15,050,239.	15,234,806.	15,285,384.	14,739,862.
b Contributions	638.	101,142.	75,700.	159,894.	296,942.
c Net investment earnings, gains, and losses	-2,126,839.	4,245,944.	439,733.	389,528.	1,073,580.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,100,000.	1,400,000.	700,000.	600,000.	825,000.
f Administrative expenses					
g End of year balance	14,771,125.	17,997,325.	15,050,239.	15,234,806.	15,285,384.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  68.0000 %
  - b Permanent endowment  32.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		722,039.		722,039.
b Buildings		2,089,639.	2,089,639.	
c Leasehold improvements		1,718,974.	1,507,349.	211,625.
d Equipment		1,982,204.	1,651,568.	330,636.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,264,300.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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 Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 67,720,545.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 68,439,130.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

**Part XIII Supplemental Information** (continued)

FORM 990 SCHEDULE D PART X LINE 2

FIN48(ASC 740) LIABILITY FOR UNCERTAIN TAX POSITIONS

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES TO THE EXTENT PROVIDED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION ("ASC") NO. 740, INCOME TAXES ("ASC 740"), SURROUNDING ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS. ASC 740 ALSO PROVIDES GUIDANCE ON ACCOUNTING FOR INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS. THE ORGANIZATION REPORTS INTEREST AND PENALTIES, IF ANY, RELATED TO INCOME TAX MATTERS WITHIN ORGANIZATION ADMINISTRATION SUPPORT SERVICES IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

FORM 990 SCHEDULE D PART V LINE 4

PURPOSE - ENDOWMENT FUNDS

THE PRINCIPLE OBJECTIVE OF THE ENDOWMENT FUND IS TO PROVIDE A SOURCE OF INCOME TO HELP FUND THE ORGANIZATION'S OPERATIONAL COSTS, THEREBY PROVIDING SOME PROTECTION AGAINST FLUCTUATIONS IN ANNUAL CAMPAIGN REVENUE AND MAXIMIZING THE AMOUNT OF RESOURCES FOCUSED ON THE COMMUNITY'S MOST CRITICAL ISSUES.

**Part XIII** Supplemental Information *(continued)*

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FORM 990 SCHEDULE D PART XI LINE 4B & PART XII LINE 4B

DONOR DESIGNATION AND DONOR DESIGNATION FEES

SCH D PART XI LINE 4B AND SCH D PART XII LINE 4B TOTAL: 4,188,359

FORM 990 SCHEUDLE D PART XI LINE 2D

PRIOR-YEAR PLEDGE LOSS ADJUSTMENT: 417,100

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1		(b) Event #2		(c) Other events	(d) Total events (add col. (a) through col. (c))
		WPF BREAKFAST (event type)		FALL FUNDRAISER (event type)		NONE (total number)	
Revenue	1	Gross receipts . . . . .	458,540.	264,434.			722,974.
	2	Less: Contributions . . . . .	438,310.	250,334.			688,644.
	3	Gross income (line 1 minus line 2) . . . . .	20,230.	14,100.			34,330.
Direct Expenses	4	Cash prizes . . . . .					
	5	Noncash prizes . . . . .					
	6	Rent/facility costs . . . . .	29,394.	4,400.			33,794.
	7	Food and beverages . . . . .	22,652.	41,696.			64,348.
	8	Entertainment . . . . .	30,000.	3,000.			33,000.
	9	Other direct expenses . . . . .	41,179.	58,995.			100,174.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶					231,316.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					-196,986.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))
		Yes _____ % No		Yes _____ % No		Yes _____ % No		
Revenue	1	Gross revenue . . . . .						
	2	Cash prizes . . . . .						
Direct Expenses	3	Noncash prizes . . . . .						
	4	Rent/facility costs . . . . .						
	5	Other direct expenses . . . . .						
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶							
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶							

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> 211 ORANGE COUNTY 1505 E 17TH ST STE 108 SANTA ANA, CA 92705	33-0063532	501C(3)	65,000.				HOUSING/HEALTH
<b>(2)</b> ABRAZAR INC 7101 WYOMING STREET WESTMINSTER, CA 92683	33-0301538	501C(3)	702,833.				INCOME
<b>(3)</b> ANAHEIM ELEMENTARY SCHOOL DISTRICT 1001 SOUTH EAST STREET ANAHEIM, CA 92805	95-6000119	ORANGE COUN	80,875.				EDUCATION
<b>(4)</b> ANAHEIM UNION HIGH SCHOOL DISTRICT 501N CRESCENT WAY ANAHEIM, CA 92801	95-6000120	ORANGE COUN	161,196.				EDUCATION
<b>(5)</b> BOYS & GIRLS CLUB OF CENTRAL ORANGE COAST 17701 COWAN SUITE 110 IRVINE, CA 92614	95-1893417	501C(3)	15,000.				EDUCATION
<b>(6)</b> CAL STATE FULLERTON PHILANTHROPIC 2600 NUTWOOD STE. 850 FULLERTON, CA 92831	33-0567945	501C(3)	30,000.				EDUCATION
<b>(7)</b> CAL STATE UNIVERSITY FULLERTON 800 N STATE COLL. BLVD FULLERTON, CA 92831	33-0567945	501C(3)	6,000.				EDUCATION
<b>(8)</b> CHARITABLE VENTURES OF ORANGE COUNTY 1505 E. 17TH ST. #101 SANTA ANA, CA 92705	20-8756660	501C(3)	30,000.				EDUCATION
<b>(9)</b> COALITION OF ORANGE COUNTY COMMUNITY CLINIC 515 CABRILLO PK DR #225 SANTA ANA, CA 92701	95-2900725	501C(3)	105,000.				HOUSING/HEALTH
<b>(10)</b> COMMUNITY ACTION PARTNERSHIP 11870 MONARCH GARDEN GROVE, CA 92841	95-2452787	501C(3)	89,000.				EDUCATION
<b>(11)</b> FRIENDSHIP SHELTER PO BOX 4252 LAGUNA BEACH, CA 92652	33-0219404	501C(3)	10,000.				HOUSING
<b>(12)</b> GARDEN GROVE UNIFIED SCHOOL DISTRICT 10331 STANFORD AVE GARDEN GROVE, CA 92840	95-2378800	ORANGE COUN	52,250.				EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 36

3 Enter total number of other organizations listed in the line 1 table ▶ NONE

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> GOOD HANDS FOUNDATION P.O. BOX 52362 IRVINE, CA 92619	47-1888690	501C(3)	24,000.				INCOME
<b>(2)</b> HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT 5832 BOLSA AVE HUNTINGTON BEACH, CA 92649	33-0514550	ORANGE COUN	11,188.				EDUCATION
<b>(3)</b> MERCY HOUSE LIVING CENTERS, INC. PO BOX 1905 SANTA ANA, CA 92702	33-0315864	501C(3)	126,070.				HOUSING
<b>(4)</b> ONEOC 1901 E 4TH ST 100 SANTA ANA, CA 92705	95-2021700	501C(3)	15,000.				HEALTH
<b>(5)</b> ROADTRIP NATION 1626 PLACENTIA AVE COSTA MESA, CA 92627	26-3889207	501C(3)	28,350.				EDUCATION
<b>(6)</b> SECOND HARVEST FOOD BANK 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501C(3)	46,150.				HEALTH
<b>(7)</b> VITAL LINK 15401 REDHILL AVE, STE F TUSTIN, CA 92780	33-0632256	501C(3)	24,625.				EDUCATION
<b>(8)</b> COMMUNITY HEALTH INITIATIVE OF ORANGE COUNT 1505 E 17TH ST STE #121 SANTA ANA, CA 92705	47-2671013	501C(3)	23,000.				HEALTH AND HUMAN SVC
<b>(9)</b> ORANGE COUNTY DEPARTMENT OF EDUCATION 200 KALMUS DRIVE COSTA MESA, CA 92626	95-6000943	501C(3)	9,000.				EDUCATION
<b>(10)</b> PURE GAME 22372 WOODBLUFF RD LAKE FOREST, CA 92630	26-4083785	501C(3)	20,000.				EDUCATION
<b>(11)</b> VOLUNTEERS OF AMERICA OF LOS ANGELES 3600 WILSHIRE BLVD STE 1500 LA, CA 90010	95-1691330	501C(3)	114,365.				HOUSING/HEALTH
<b>(12)</b> WESTMINSTER SCHOOL DISTRICT 14121 CEDARWOOD AVE WESTMINSTER, CA 92683	33-0416845	501C(3)	7,063.				EDUCATION

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> COASTLINE COMMUNITY COLLEGE DISTRICT 11460 WARNER AVE. FOUNTAIN VALLEY, CA 92708	33-0094898	501C(3)	12,000.				EDUCATION
<b>(2)</b> CSUF-ASC, FULLERTON AUXILIARY SERVICES CORP 2600 NUTWOOD AVE #275 FULLERTON, CA 92831	95-2081258	501C(3)	20,000.				EDUCATION
<b>(3)</b> FAMILY ASSISTANCE MINISTRIES 1030 CALLE NEGOCIO SAN CLEMENTE, CA 92673	33-0864870	501C(3)	33,000.				INCOME/HUMAN SERVICE
<b>(4)</b> ILLUMINATION INSTITUTE 10061 TALBERT AV#325 FOUNTAIN VLY, CA 92708	81-2103843	501C(3)	105,000.				HOUSING
<b>(5)</b> PACIFIC ISLANDER HEALTH PARTNERSHIP 12912 BROOKHURST ST#410 GARDEN GV, CA 92840	14-1911866	501C(3)	95,000.				HEALTH/HUMAN SERVICE
<b>(6)</b> SECOND BAPTIST CHURCH OF SANTA ANA 4300 WESTMINSTER AVE SANTA ANA, CA 92703	95-3290869	501C(3)	105,000.				HEALTH/HUMAN SERVICE
<b>(7)</b> SHANTI ORANGE COUNTY 23461 S PT DR #100 LAGUNA HILLS, CA 92653	33-0236592	501C(3)	105,000.				HEALTH/HUMAN SERVICE
<b>(8)</b> STRAIGHT TALK CLINIC, INC. 3785 SOUTH PLAZA DRIVE SANTA ANA, CA 92704	23-7134097	501C(3)	10,000.				HEALTH/HUMAN SERVICE
<b>(9)</b> THE CAMBODIAN FAMILY 1626 E 4TH ST SANTA ANA, CA 92701	95-3854831	501C(3)	105,000.				HEALTH/HUMAN SERVICE
<b>(10)</b> THE CHRYSALIS CENTER 522 S MAIN ST LOS ANGELES, CA 90013	95-3972624	501C(3)	37,500.				HEALTH/HUMAN SERVICE
<b>(11)</b> THE TRANSLATIN@ COALITION 3055 WILSHIRE BLVD #350 LOS ANG, CA 90010	27-3801872	501C(3)	95,000.				HEALTH/HUMAN SERVICE
<b>(12)</b> UNITED AMERICAN INDIAN INVOLVEMENT 1453 W TEMPLE ST LOS ANGELES, CA 90026	95-2917933	501C(3)	90,000.				HEALTH/HUMAN SERVICE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I PART I LINE 2

GENERAL INFO - GRANTS & ASSISTANCE:

ORANGE COUNTY'S UNITED WAY MONITORS THE USE OF GRANT FUNDS BY ENGAGING IN A FORMAL GRANT AGREEMENT WITH THE AGENCY REFERENCING THE FUNDED PROGRAM AND ANTICIPATED OUTCOMES. QUARTERLY REPORTS ARE REQUIRED AND MEASURED AGAINST ANTICIPATED OUTCOMES. IN ADDITION, UPDATED FINANCIAL STATEMENTS AND AUDIT REPORTS ARE REQUIRED. ANY PERFORMANCE PROBLEMS WITH THE GRANTEE ARE MONITORED BOTH BY STAFF AND THE COMMUNITY IMPACT COMMITTEE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

33-0047994

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN B. PARKS PRESIDENT, CEO	(i)	344,230.	95,000.		8,700.	7,706.	455,636.	
	(ii)							
2 CHRIS TICKNOR CHIEF TRANSFORMATION	(i)	208,720.	20,000.			612.	229,332.	
	(ii)							
3 ROBERT E. KENT PHILANTHROPY CLOUD EX	(i)	159,902.			4,895.	7,706.	172,503.	
	(ii)							
4 EMILEE TELLO CHIEF FINANCIAL OFFIC	(i)	196,737.	20,000.		6,080.	10,406.	233,223.	
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J PART I LINE 1A

COMPENSATION - HEALTH OR SOCIAL CLUB DUES:

THE MEMBERSHIP IS USED TO CONDUCT BUSINESS RELATED MEETINGS AND  
ENGAGEMENTS TO FURTHER ADVANCE THE MISSION OF THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	20	537,507.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2021

JSA

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

---

FORM 990 SCHEDULE M LINE 9(B)

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

**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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

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Inspection**

Employer identification number

33-0047994

**FORM 990 PART I LINE 3 & 4 AND PART VII**

VOTING MEMBERS OF THE GOVERNING BODY:

THE DISCREPANCY BETWEEN THE NUMBER OF VOTING MEMBERS OF THE GOVERNING  
BODY AND THE TOTAL MEMBERS LISTED ON PART VII IS DUE TO SOME DIRECTORS  
BECOMING INACTIVE BEFORE THE END OF THE YEAR.

**FORM 990 PART III LINE 4A**

EXEMPT PURPOSE ACHIEVEMENTS OF 3 LARGEST PROGRAM SERVICES:

4A. COMMUNITY IMPACT ALLOCATION POOL

EVERY YEAR, WE ARE DOING MORE TO ENSURE OUR STUDENTS SUCCEED, OUR  
STRUGGLING FAMILIES GAIN FINANCIAL SECURITY, AND OUR HOMELESS NEIGHBORS  
FIND A PLACE TO CALL HOME. WE SERVE HUNDREDS OF THOUSANDS OF OUR  
RESIDENTS BY DELIVERING CRUCIAL PROGRAMS AND SERVICES IN ORANGE COUNTY.

OUR UNIQUE APPROACH COMES FROM AN UNDERSTANDING THAT OUR COMMUNITY'S MOST  
CRITICAL ISSUES ARE INTER-RELATED, AND WE MUST TACKLE THEM IN AN  
INTERCONNECTED WAY TO PROVIDE LONG-TERM SOLUTIONS THAT BREAK THE CYCLE.  
THIS INFORMS THE WORK WE FOCUS ON IN OUR THREE KEY INITIATIVES:

UNITED FOR STUDENT SUCCESS AIMS TO ENSURE LOCAL STUDENTS RECEIVE THE  
SUPPORT THEY NEED TO STAY ON TRACK IN SCHOOL AND GRADUATE ON TIME READY  
FOR COLLEGE, CAREER, AND LIFE.

PROGRAM OFFERINGS:

-DESTINATION GRADUATION ENGAGES, EMPOWERS, AND INSPIRES STUDENTS FROM  
UNDERSERVED DISTRICTS TO FINISH HIGH SCHOOL ON TIME BY PROVIDING TUTORING

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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Employer identification number

AND SOCIO-EMOTIONAL AND ACADEMIC SUPPORT, AND OFFERS WORKSHOPS WHERE THEY  
LEARN INVALUABLE LIFE SKILLS SUCH AS FINANCIAL LITERACY.

-YOUTH CAREER CONNECTIONS OFFERS WORK-BASED LEARNING OPPORTUNITIES THAT  
INFUSE CLASSROOM CURRICULUMS WITH REAL-WORLD CAREER EXPERIENCES BY  
CONNECTING STUDENTS DIRECTLY TO LEADING LOCAL EMPLOYERS FOR HANDS-ON  
ACTIVITIES SUCH AS INDUSTRY SITE VISITS, INTERNSHIPS, AND MORE.

-SENIOR YEAR MENTORSHIP PROGRAM HELPS HIGH SCHOOL SENIORS FROM HIGH-NEED  
COMMUNITIES STAY ON TRACK TO GRADUATE ON TIME. MENTORING FROM LEADING  
PROFESSIONALS AND A ROBUST VIRTUAL WORKSHOP SERIES TEACH STUDENTS  
ESSENTIAL LIFE AND CAREER SKILLS TO POSITION THEM FOR FUTURE SUCCESS.

UNITED TO END HOMELESSNESS IS COMMITTED TO ENDING HOMELESSNESS IN ORANGE  
COUNTY SO THAT EVERYONE HAS A PLACE TO CALL HOME. THE GOAL IS TO ACTIVATE  
IMMEDIATE AND LONG-TERM HOUSING-FIRST SOLUTIONS ACROSS OUR COMMUNITY  
THROUGH COLLABORATION WITH THE COUNTY'S TOP BUSINESS, PHILANTHROPIC,  
GOVERNMENTAL, FAITH-BASED, AND NON-PROFIT LEADERS.

PROGRAMS :

-WELCOMEHOMEOC IS OUR HOUSING NAVIGATION AND LANDLORD INCENTIVE PROGRAM,  
WHICH HELPS INDIVIDUALS AND FAMILIES WHO ARE EXPERIENCING HOMELESSNESS  
AND HOLDING A RENTAL ASSISTANCE VOUCHER TO SECURE HOUSING IN PRIVATE  
MARKET APARTMENTS AND ENSURES SUPPORTIVE SERVICES ARE PROVIDED SO THEY  
CAN REMAIN HOUSED FOR THE LONG-TERM. SINCE THE PROGRAM'S INCEPTION IN  
2019, MORE THAN 760 PEOPLE EXPERIENCING HOMELESSNESS NOW HAVE A PLACE TO  
CALL HOME.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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-PUBLIC AWARENESS & EDUCATION: WE HOLD WORKSHOPS, HOST COMMUNITY CHATS,  
AND ENGAGE IN BROAD PUBLIC AWARENESS ACTIVITIES TO HELP BREAK DOWN MYTHS  
SURROUNDING HOMELESSNESS AND PROVIDE UP-TO-DATE STATISTICS AND BEST  
PRACTICES FOR SOLVING HOMELESSNESS IN ORANGE COUNTY.

-HOUSING CHAMPIONS ADVOCACY NETWORK RECRUITS, TRAINS, ORGANIZES, AND  
EQUIPS LOCAL RESIDENTS TO ENGAGE IN ADVOCACY IN THEIR COMMUNITIES FOR  
SOLUTIONS TO END HOMELESSNESS. TO DATE, WE HAVE TRAINED 628 HOUSING  
CHAMPIONS WHO HAVE HELPED GET 936 AFFORDABLE AND PERMANENT SUPPORTIVE  
HOUSING UNITS APPROVED IN ORANGE COUNTY.

UNITED FOR FINANCIAL SECURITY EMPOWERS VULNERABLE ORANGE COUNTY FAMILIES  
TO TRANSITION FROM SURVIVING TO THRIVING THROUGH PROGRAMS THAT FOCUS ON  
THE MOST ESSENTIAL TOOLS TO BUILD FINANCIAL STABILITY.

PROGRAMS:

-OC FREE TAX PREP HELPS FAMILIES KEEP THEIR HARD-EARNED MONEY BY SAVING  
ON PREPARATION FEES, CLAIMING TAX CREDITS, AND RECEIVING THEIR REFUNDS  
QUICKLY AND SAFELY, PROVIDING A SAFETY NET FOR LOCAL HOUSEHOLDS TO PUT  
TOWARD BILLS, CAR REPAIRS, GROCERIES, AND OTHER BASIC NEEDS. THIS PAST  
YEAR, THE PROGRAM MADE A \$19.3 MILLION IMPACT ON ORANGE COUNTY RESIDENTS  
COLLECTIVELY.

-SPARKPOINT OC PROMOTES FINANCIAL EMPOWERMENT THROUGH FREE ONE-TO-ONE  
FINANCIAL COACHING TO INCREASE INCOME, MANAGE CREDIT, AND BUILD ASSETS  
THROUGH SAVINGS AND ASSET PLANNING TO REACH GOALS LIKE BUYING A HOME OR  
PAYING FOR COLLEGE.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

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OMB No. 1545-0047

**2021**

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Inspection**

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-UPSKILL OC, OUR WORKFORCE DEVELOPMENT PROGRAM, IS AN INNOVATIVE,  
COLLABORATIVE APPROACH TO BRIDGING THE SKILLS GAP IN VARIOUS INDUSTRIES  
AND CREATING PATHWAYS TO JOBS THAT PAY A LIVING WAGE.

WE ALSO CONTINUED OUR PANDEMIC RECOVERY EFFORTS WITH EMERGENCY RENTAL  
ASSISTANCE. IN PARTNERSHIP WITH THE CITIES OF IRVINE AND SANTA ANA AS  
WELL AS THE COUNTY OF ORANGE, WE HELPED DISTRIBUTE FEDERAL AND STATE  
COVID-19 RELIEF FUNDING FOR EMERGENCY RENTAL ASSISTANCE TO A TOTAL OF  
8,931 FAMILIES SO THEY COULD STAY IN THEIR HOMES, AVOID HUNGER, AND HAVE  
BASIC NECESSITIES DURING CRISIS.

ADDITIONALLY, WE HAVE BEEN CONTRACTED BY THE OC HEALTH CARE AGENCY (HCA)  
OFFICE OF POPULATION HEALTH AND EQUITY (OPHE) TO ADMINISTER AND  
DISTRIBUTE \$14.1 MILLION OF THE CENTERS FOR DISEASE CONTROL AND  
PREVENTION (CDC) HEALTH EQUITY GRANT. THROUGH A COLLABORATIVE APPROACH,  
ORANGE COUNTY UNITED WAY CARRIES OUT THE COMMUNITY PARTNER ENGAGEMENT  
ASPECT OF THE CDC HEALTH EQUITY GRANT, ALSO REFERRED TO AS THE EQUITY IN  
OC INITIATIVE, AS WELL AS ADMINISTER THE VARIOUS FUNDING OPPORTUNITIES.  
THE EQUITY IN OC INITIATIVE IS A COMMUNITY-INFORMED AND DATA-DRIVEN  
INITIATIVE TO ADDRESS HEALTH INEQUITIES AND DISPARITIES IN ORANGE COUNTY  
BY LAYING THE FOUNDATION FOR CREATING A HEALTHIER, MORE RESILIENT, AND  
EQUITABLE ORANGE COUNTY.

**FORM 990 PART III LINE 4B**

EXEMPT PURPOSE ACHIEVEMENTS OF 3 LARGEST PROGRAM SERVICES:

4B. PROGRAM SERVICE EXPENSE

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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PROGRAM SERVICE EXPENSE ALLOCATIONS ARE COMPRISED OF COMMUNITY IMPACT  
GRANT PROGRAMS AND INITIATIVES THAT FULFILL ORANGE COUNTY UNITED WAY'S  
MISSION.

IN ADDITION TO RUNNING OUR OWN INITIATIVES, THIS INCLUDES PROGRAM  
MANAGEMENT OF COMMUNITY WIDE COLLABORATIVES. OCUW PROVIDES EVALUATION  
AND MONITORING OF ALL GRANT PARTNERSHIPS; SUPPORT OF CRITICAL COMMUNITY  
PARTNERSHIPS; LEADERSHIP AND PARTICIPATION IN COALITIONS AND COMMITTEES;  
COMMUNITY OUTREACH EFFORTS; CAPACITY TRAINING FOR FUNDED PARTNERS;  
VOLUNTEER ENGAGEMENT EFFORTS; AND STRATEGIC PARTNERSHIPS WITH LOCAL  
FUNDER COLLABORATIVES IN THE AREAS OF EDUCATION, INCOME, HEALTH AND  
HOUSING.

**FORM 990 PART III LINE 4C**

EXEMPT PURPOSE ACHIEVEMENTS OF 3 LARGEST PROGRAM SERVICES:

4C. DONOR DESIGNATED FUNDING

THROUGH OCUW'S DONOR DESIGNATED GIVING PROGRAM, DONORS HAVE THE OPTION TO  
DESIGNATE THEIR GIFT TO THEIR CHARITY(IES) OF CHOICE, HELPING TO  
FACILITATE PHILANTHROPY TO MEET LOCAL COMMUNITY NEEDS. OCUW STEWARDS  
THESE INVESTMENTS BY ENSURING DONOR DESIGNATIONS ARE ALLOCATED TO  
ORGANIZATIONS THAT QUALIFY AS 501(C)(3) TAX DEDUCTIBLE ORGANIZATIONS  
UNDER CURRENT IRS TAX CODE LAW.

**FORM 990 PART VI SECTION A LINE 11B**

GOVERNING BODY & MGMT - REVIEW OF FORM 990:

THE CFO WORKED CLOSELY WITH THE INDEPENDENT TAX PREPARER IN THE  
PREPARATION OF THE ORGANIZATION'S TAX RETURN. THE FINAL PRODUCT WAS  
REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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**FORM 990 PART VI SECTION B LINE 12C**

POLICIES - MONITOR AND COMPLIANCE ENFORCEMENT:

OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT WOULD GIVE RISE TO CONFLICTS. CONFLICT STATEMENTS ARE REVIEWED ANNUALLY AND ANY STATED CONFLICT IS REVIEWED BY THE BOARD DEVELOPMENT COMMITTEE AND BY THE BOARD OF DIRECTORS

**FORM 990 PART VI SECTION B LINE 15A**

POLICIES - COMPENSATION:

THE EXECUTIVE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT DIRECTORS RESPONSIBLE FOR REVIEW AND APPROVAL OF COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND OTHER KEY EMPLOYEES.

ORANGE COUNTY'S UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO ENCOURAGE RETENTION OF HIGH CALIBER EXECUTIVES. THE COMMITTEE CONSIDERS NUMEROUS FACTORS INCLUDING OCUW'S MISSION AND GOALS, COMPARABLE COMPENSATION OFFERED IN COMPARABLE MARKETS AND OVERALL PERFORMANCE OF THE CEO AND KEY EMPLOYEES. AS PART OF THE PROCESS THE COMMITTEE REVIEWS A SUMMARY OF SALARY DATA PUBLISHED IN COMPENSATION SURVEYS FROM INDEPENDENT SOURCES INCLUDING UNITED WAY WORLDWIDE AND REGIONAL DATA FROM OTHER NON-PROFITS IN SOUTHERN CALIFORNIA.

THE COMMITTEE ALSO REVIEWED THE PERFORMANCE INCENTIVE PROGRAM. THIS PLAN IS DESIGNED TO REWARD PERFORMANCE BASED ON BOTH QUANTIFIABLE AND NON-QUANTIFIABLE SPECIFIC ORGANIZATIONAL DRIVERS. FINALLY, THE COMMITTEE REVIEWED AND DETERMINED OTHER COMPENSATION WHICH INCLUDES HEALTH AND WELFARE BENEFITS AND CONTRIBUTIONS TO A QUALIFIED RETIREMENT PLAN. THE

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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COMMITTEE BELIEVES THE COMPENSATION PROGRAM AND INFORMATION DESCRIBED  
ABOVE IS IN LINE WITH ORANGE COUNTY UNITED WAY'S MISSION AND GOALS AND  
ACCURATELY REFLECTS A COMPETITIVE PROGRAM TO ATTRACT AND RETAIN HIGH  
LEVEL EXECUTIVES.

**FORM 990 PART VI SECTION C LINE 19**

DISCLOSURE - GOVERNING DOCS, CONFLICT OF INTEREST POLICY & FINANCIALS:  
THE FINANCIAL STATEMENTS AND TAX RETURN ARE AVAILABLE ON THE  
ORGANIZATION'S WEBSITE AND GUIDESTAR. ANY OTHER GOVERNING DOCUMENTS ARE  
AVAILABLE UPON REQUEST.

**FORM 990 PART XI LINE 9**

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:  
PRIOR-YEAR PLEDGE LOSS ADJUSTMENT: \$417,100



Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

TO IMPROVE LIVES IN ORANGE COUNTY BY DELIVERING MEASURABLE LONG-TERM SOLUTIONS TO COMPLEX ISSUES IN EDUCATION, FINANCIAL STABILITY, HEALTH, AND HOUSING.

ORANGE COUNTY UNITED WAY IS COMMITTED TO BREAKING BARRIERS AND IMPROVING LIVES FOR EVERYONE WHO LIVES HERE. WE DELIVER PROGRAMS AND SERVICES COUNTYWIDE TO ADVANCE THE EDUCATION, HEALTH, HOUSING AND FINANCIAL STABILITY OF PEOPLE IN ORANGE COUNTY. THROUGH OUR THREE KEY INITIATIVES-UNITED FOR STUDENT SUCCESS, UNITED FOR FINANCIAL SECURITY, AND UNITED TO END HOMELESSNESS-WE ARE WORKING TO ENSURE LOCAL STUDENTS SUCCEED, STRUGGLING OC FAMILIES GAIN FINANCIAL SECURITY, AND OUR HOMELESS NEIGHBORS FIND A PLACE TO CALL HOME. WE STEP UP TO ACTIVELY ADDRESS THE CRITICAL ISSUES FACING OUR COMMUNITY AND WE GO THE EXTRA MILE TO MAKE SURE OUR RESIDENTS HAVE THE SUPPORT THEY NEED. WE ARE COMMITTED TO CARING FOR ONE ANOTHER. THAT'S #THEOCWAY. TO LEARN MORE OR DISCOVER HOW YOU CAN HELP, VISIT WWW.UNITEDWAYOC.ORG.

Name of the organization

**ORANGE COUNTY'S UNITED WAY**

Employer identification number

**33-0047994**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SCHROEDER MANAGEMENT COMPANY 1200 NEWPORT CENTER DRIVE, SUITE 260 NEWPORT BEACH, CA 92660	WELCOME HOME OC	129,335.
SYNOPTEK LLC 412 E. PARKCENTER BLVD, SUITE 300 BOISE, ID 83706	RENTAL ASSISTANCE	178,294.
MOXIE MARKETING AGENCY LLC 2082 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	MARKETING	189,312.