

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.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **07/01/2022** and ending **06/30/2023**

| | | | | | | |
|---|---|--|--|---|--|--------------------------------------|
| 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 | C Name of organization ORANGE COUNTY'S UNITED WAY | | | D Employer identification number 33-0047994 | | |
| | Doing Business As | | | E Telephone number (949) 660-7600 | | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 18012 MITCHELL SOUTH | | | | | |
| | City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92614-6008 | | | G Gross receipts \$ 35,954,065. | | |
| F Name and address of principal officer: SUSAN B. PARKS 18012 MITCHELL SOUTH, IRVINE, CA 92614 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | If "No," attach a list. (see instructions) | | | |
| I 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 | | | J Website: WWW.UNITEDWAYOC.ORG | | | H(c) Group exemption number ▶ |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1940 | | | M State of legal domicile: CA |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE LIVES IN ORANGE COUNTY BY DELIVERING MEASURABLE LONG-TERM SOLUTIONS TO COMPLEX ISSUES IN EDUCATION, FINANCIAL STABILITY, HEALTH, AND HOUSING.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 50 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 49 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 94 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 3,724 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | NONE |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | NONE | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 67,629,732. | 35,213,467. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | NONE | NONE |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 190,009. | 300,393. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -99,196. | -77,549. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 67,720,545. | 35,436,311. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 60,481,302. | 24,868,789. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | NONE | NONE |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 5,319,584. | 5,417,233. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,914,159. | NONE | NONE |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,638,244. | 2,583,327. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 68,439,130. | 32,869,349. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -718,585. | 2,566,962. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 28,387,789. | 35,318,073. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 4,902,946. | 7,493,024. |
| | | 23,484,843. | 27,825,049. |

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.

| | | | | | |
|-------------------------------|--|--|------|---|-------------------|
| Sign Here | ▶ Signature of officer | Date | | | |
| | ▶ Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name CINDY J JANIKOWSKI | Preparer's signature CINDY J JANIKOWSKI | Date | Check <input type="checkbox"/> if self-employed | PTIN P00165179 |
| | Firm's name ▶ BDO USA | Firm's EIN ▶ 13-5381590 | | | |
| | Firm's address ▶ 221 N. WALL STREET, SUITE 400 SPOKANE, WA 99201 | Phone no. 509-747-8095 | | | |

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** (2022)

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 \$ 20,991,184. including grants of \$ 20,991,184.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 3,292,435. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,877,605. including grants of \$ 3,877,605.) (Revenue \$)

SEE SCHEDULE O

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

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

4e Total program service expenses 28,161,224.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 []

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|---|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 94 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 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> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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 (50), 1b (49), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

EMILEE 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | | 424,607. | NONE | 17,840. |
| (2) EMILEE TELLO CHIEF FINANCIAL OFFICER | 37.50 NONE | | | X | | | | 222,858. | NONE | 18,043. |
| (3) CHRIS TICKNOR CHIEF TRANSFORMATION OFFICER | 37.50 NONE | | | | X | | | 235,669. | NONE | 653. |
| (4) MIKE GREENE VICE PRESIDENT, OPERATIONS | 37.50 NONE | | | | | X | | 145,063. | NONE | 12,938. |
| (5) REBECCA HEYHOE EXECUTIVE DIRECTOR, U2EH | 37.50 NONE | | | | | X | | 144,618. | NONE | 12,596. |
| (6) TAMARA THOMPSON VICE PRESIDENT, DEVELOPMENT | 37.50 NONE | | | | | X | | 143,353. | NONE | 13,094. |
| (7) SERGIO CONTRERAS EXECUTIVE DIRECTOR, U4SS | 37.50 NONE | | | | | X | | 143,508. | NONE | 4,720. |
| (8) ANN RAMIREZ VICE PRESIDENT, GRANTS & CONTR | 37.50 NONE | | | | | X | | 115,519. | NONE | 18,564. |
| (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) STEVEN D. ALLISON DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (16) BEN ALVARADO TREASURER, DIRECTOR | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (17) CHARLES ANTIS DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (18) LAWRENCE R. ARMSTRONG DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (19) SHIRIN BEHZADI DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (20) MARK CLEMENS DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (21) MARTHA V. DANIEL DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (22) DIANE BROOKS DIXON DIRECTOR (OUTGOING 12/30/2022) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (23) JEFF HITTENBERGER DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (24) JAMES JOHNSON, JR. DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (25) MICHAEL A. JOHNSON DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | 1,575,195. | NONE | 98,448. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | NONE | NONE | NONE | |
| d Total (add lines 1b and 1c) | | | | | | | 1,575,195. | NONE | 98,448. | |

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 ► 14

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former 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) JACQUELINE A. BRYA KELLEY DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (27) KEITH KOBATA DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (28) NANDA KUMAR CHERUVATATH DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (29) ROBERT LAMBERT DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (30) LISA LOCKLEAR DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (31) PAULA MATTSON VICE CHAIR | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (32) HENRY MENDOZA DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (33) JOE NUZZOLESE DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (34) MAGGIE O'SULLIVAN DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (35) BILL PEDIGO DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (36) ROBBIN NARIKE PRECIADO DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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> | | |
| 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> | | |

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) JAMES SCHEINKMAN DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (38) CHRISTINE SCHEUNEMAN DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (39) MITCHELL SHENKIN DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (40) JOHN F. SIMONIS DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (41) ALLEN STAFF DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (42) JOHN VALENTA DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (43) FRAMROZE VIRJEE DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (44) STEVE CHURM CHAIR, DIRECTOR | 1.00 NONE | X | | X | | | NONE | NONE | NONE | |
| (45) PHYLLIS ANDERSON DIRECTOR (OUTGOING 2/28/2023) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (46) HUGH CONNERS DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (47) RENEE HENDRICK DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 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> | | |
| 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> | | |

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) ANN JOHNSTON ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (49) BILL MAURER ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (50) VICTORIA RIXON ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (51) RICHARD SANCHEZ ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (52) RYAN SMITH ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (53) TODD ZEGERS ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (54) JACQUES BALLARD ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (55) IDO DOTAN ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (56) JOE HENSLEY ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (57) LARRY LABRADO ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| (58) MICHAEL O'MAHONEY ----- DIRECTOR | 1.00 ----- NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 former 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 | | | |
| (59) JAY ORLANDI DIRECTOR | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| 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 ▶ 3

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, 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 |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 6,352,430. | 1 | 7,203,299. |
| | 2 Savings and temporary cash investments | NONE | 2 | NONE |
| | 3 Pledges and grants receivable, net | 7,079,008. | 3 | 7,773,434. |
| | 4 Accounts receivable, net | NONE | 4 | NONE |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 5 | NONE |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | NONE | 8 | NONE |
| | 9 Prepaid expenses and deferred charges | 69,668. | 9 | 184,798. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,486,186. | | |
| | b Less: accumulated depreciation | 10b 5,385,661. | 1,264,300. | 10c 2,100,525. |
| | 11 Investments - publicly traded securities | 13,622,383. | 11 | 18,056,017. |
| | 12 Investments - other securities. See Part IV, line 11 | NONE | 12 | NONE |
| | 13 Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 Intangible assets | NONE | 14 | NONE |
| | 15 Other assets. See Part IV, line 11 | NONE | 15 | NONE |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 28,387,789. | 16 | 35,318,073. |
| Liabilities | 17 Accounts payable and accrued expenses | 2,117,371. | 17 | 3,832,524. |
| | 18 Grants payable | 2,785,575. | 18 | 3,660,500. |
| | 19 Deferred revenue | NONE | 19 | NONE |
| | 20 Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | NONE | 25 | NONE |
| | 26 Total liabilities. Add lines 17 through 25 | | 4,902,946. | 26 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 18,812,334. | 27 | 23,152,540. |
| | 28 Net assets with donor restrictions | 4,672,509. | 28 | 4,672,509. |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | | 23,484,843. | 32 |
| 33 Total liabilities and net assets/fund balances | | 28,387,789. | 33 | 35,318,073. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 35,436,311. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32,869,349. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,566,962. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 23,484,843. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,184,129. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 589,115. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 27,825,049. |

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form 990 (2022)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

| | |
|---|---|
| Name of the organization 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) | | | | | | | |
| Total | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 18,007,850. | 18,548,170. | 47,745,113. | 67,629,732. | 35,213,467. | 187,144,332. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 Total. Add lines 1 through 3. | 18,007,850. | 18,548,170. | 47,745,113. | 67,629,732. | 35,213,467. | 187,144,332. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 521,769. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 186,622,563. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4 | 18,007,850. | 18,548,170. | 47,745,113. | 67,629,732. | 35,213,467. | 187,144,332. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 259,250. | 352,377. | 296,459. | 322,117. | 462,237. | 1,692,440. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 13,070. | 3,074. | NONE | 12. | NONE | 16,156. |
| 11 Total support. Add lines 7 through 10 | | | | | | 188,852,928. |

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 98.82 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 98.27 % |

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

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

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

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

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

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

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 | 2018 | 2019 | 2020 | 2021 | 2022 | TOTAL |
|--------------|---------|--------|------|------|------|---------|
| OTHER INCOME | 13,070. | 3,074. | NONE | 12. | NONE | 16,156. |
| TOTALS | 13,070. | 3,074. | NONE | 12. | NONE | 16,156. |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

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> |
|---|---|

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/> | \$ 5,986,357. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A <hr/> <hr/> | \$ 6,879,807. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A <hr/> <hr/> | \$ 4,900,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A <hr/> <hr/> | \$ 1,249,315. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A <hr/> <hr/> | \$ 1,126,360. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | N/A <hr/> <hr/> | \$ 1,112,393. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| 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> |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | N/A <hr/> <hr/> <hr/> | \$ 1,054,845. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | N/A <hr/> <hr/> <hr/> | \$ 829,752. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | N/A <hr/> <hr/> <hr/> | \$ 794,108. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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> |
|---|---|

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 |
|---|-------------------------|--|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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) 2022

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | 44,050. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 14,683. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 58,733. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 32,810,616. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 32,869,349. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">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. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 45,000. | 50,000. | 51,500. | 58,733. | 205,233. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 33,750. | 37,500. | 38,625. | 44,050. | 153,925. |

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: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, etc.

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. Questions include: Were substantially all dues received nondeductible? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 main columns: Question, Amount. Questions include: Dues, assessments and similar amounts from members; Section 162(e) nondeductible lobbying and political expenditures; Aggregate amount reported in section 6033(e)(1)(A) notices; Taxable amount of lobbying and political expenditures.

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.

Horizontal lines provided for entering supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) 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 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 14,771,124. | 17,997,326. | 15,050,239. | 15,234,806. | 15,285,384. |
| b Contributions | 10,000. | 638. | 101,142. | 75,700. | 159,894. |
| c Net investment earnings, gains, and losses | 1,425,918. | -2,126,839. | 4,245,944. | 439,733. | 389,528. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 700,000. | 1,100,000. | 1,400,000. | 700,000. | 600,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 15,507,042. | 14,771,125. | 17,997,325. | 15,050,239. | 15,234,806. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 70.0000 %
 - b Permanent endowment 30.0000 %
 - 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 | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 722,039. | | 722,039. |
| b Buildings | | 2,089,639. | 2,089,639. | |
| c Leasehold improvements | | 2,436,954. | 1,547,708. | 889,246. |
| d Equipment | | 2,237,554. | 1,748,314. | 489,240. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,100,525. |

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). Total revenue per audited financial statements: 33,331,950. Total revenue after adjustments: 35,436,311.

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). Total expenses per audited financial statements: 28,991,774. Total expenses after adjustments: 32,869,349.

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)*

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: 3,877,605

FORM 990 SCHEUDLE D PART XI LINE 2D

PRIOR-YEAR PLEDGE LOSS ADJUSTMENT: 589,115

**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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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 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.
- | | |
|---|--|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |
- 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 | | | | | | | |
| Total | | | | | | | |

- 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 FUNDRAISWE (event type) | | NONE (total number) | |
| Revenue | 1 | Gross receipts | 565,537. | 512,050. | | | 1,077,587. |
| | 2 | Less: Contributions | 530,600. | 500,954. | | | 1,031,554. |
| | 3 | Gross income (line 1 minus line 2) | 34,937. | 11,096. | | | 46,033. |
| Direct Expenses | 4 | Cash prizes | | | | | |
| | 5 | Noncash prizes | | | | | |
| | 6 | Rent/facility costs | 22,727. | 2,910. | | | 25,637. |
| | 7 | Food and beverages | 41,360. | 38,303. | | | 79,663. |
| | 8 | Entertainment | 50,000. | 3,000. | | | 53,000. |
| | 9 | Other direct expenses | 39,413. | 41,680. | | | 81,093. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | | 239,393. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | | -193,360. | |

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 | | | | | | |
| | Direct Expenses | 2 | Cash prizes | | | | | |
| | | 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 | 13a | % |
| b An outside facility | 13b | % |

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).

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to 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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) 211 ORANGE COUNTY 1505 E 17TH ST STE 108 SANTA ANA, CA 92705 | 33-0063532 | 501C(3) | 1,079,754. | | | | HUMAN SERVICES |
| (2) ABRAZAR INC 7101 WYOMING STREET WESTMINSTER, CA 92683 | 33-0301538 | 501C(3) | 672,999. | | | | INCOME |
| (3) ANAHEIM ELEMENTARY SCHOOL DISTRICT 1001 SOUTH EAST STREET ANAHEIM, CA 92805 | 95-6000119 | ORANGE COUN | 55,500. | | | | EDUCATION |
| (4) ANAHEIM UNION HIGH SCHOOL DISTRICT 501N CRESCENT WAY ANAHEIM, CA 92801 | 95-6000120 | ORANGE COUN | 64,000. | | | | EDUCATION |
| (5) BOYS & GIRLS CLUB OF CENTRAL ORANGE COAST 17701 COWAN SUITE 110 IRVINE, CA 92614 | 95-1893417 | 501C(3) | 12,500. | | | | EDUCATION |
| (6) CAL STATE UNIVERSITY FULLERTON 800 N STATE COLL. BLVD FULLERTON, CA 92831 | 33-0567945 | 501C(3) | 11,000. | | | | INCOME |
| (7) CHARITABLE VENTURES OF ORANGE COUNTY 1505 E. 17TH ST. #101 SANTA ANA, CA 92705 | 20-8756660 | 501C(3) | 102,500. | | | | HOUSING/HEALTH |
| (8) COALITION OF ORANGE COUNTY COMMUNITY CLINIC 515 CABRILLO PK DR #225 SANTA ANA, CA 92701 | 95-2900725 | 501C(3) | 105,000. | | | | HEALTH/HUMAN SERVICE |
| (9) COMMUNITY ACTION PARTNERSHIP 11870 MONARCH GARDEN GROVE, CA 92841 | 95-2452787 | 501C(3) | 81,500. | | | | INCOME/HEALTH |
| (10) FRIENDSHIP SHELTER PO BOX 4252 LAGUNA BEACH, CA 92652 | 33-0219404 | 501C(3) | 72,151. | | | | HOUSING |
| (11) GARDEN GROVE UNIFIED SCHOOL DISTRICT 10331 STANFORD AVE GARDEN GROVE, CA 92840 | 95-2378800 | ORANGE COUN | 32,052. | | | | EDUCATION |
| (12) GOOD HANDS FOUNDATION P.O. BOX 52362 IRVINE, CA 92619 | 47-1888690 | 501C(3) | 74,500. | | | | INCOME |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 80

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) 2022

**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.
Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Go to 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.

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|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT 5832 BOLSA AVE HUNTINGTON BEACH, CA 92649 | 33-0514550 | ORANGE COUN | 6,000. | | | | EDUCATION |
| (2) MERCY HOUSE LIVING CENTERS, INC. PO BOX 1905 SANTA ANA, CA 92702 | 33-0315864 | 501C(3) | 50,000. | | | | HOUSING |
| (3) ONEOC 1901 E 4TH ST 100 SANTA ANA, CA 92705 | 95-2021700 | 501C(3) | 106,250. | | | | HEALTH/HUMAN SERVICE |
| (4) ROADTRIP NATION 1626 PLACENTIA AVE COSTA MESA, CA 92627 | 26-3889207 | 501C(3) | 10,000. | | | | EDUCATION |
| (5) SECOND HARVEST FOOD BANK 8014 MARINE WAY IRVINE, CA 92618 | 32-0362611 | 501C(3) | 13,963. | | | | HEALTH |
| (6) COMMUNITY HEALTH INITIATIVE OF ORANGE COUNT 1505 E 17TH ST STE #121 SANTA ANA, CA 92705 | 47-2671013 | 501C(3) | 34,394. | | | | INCOME/HEALTH |
| (7) ORANGE COUNTY DEPARTMENT OF EDUCATION 200 KALMUS DRIVE COSTA MESA, CA 92626 | 95-6000943 | 501C(3) | 357,000. | | | | HEALTH/HUMAN SERVICE |
| (8) PURE GAME 22372 WOODBLUFF RD LAKE FOREST, CA 92630 | 26-4083785 | 501C(3) | 20,000. | | | | EDUCATION |
| (9) VOLUNTEERS OF AMERICA OF LOS ANGELES 3600 WILSHIRE BLVD STE 1500 LA, CA 90010 | 95-1691330 | 501C(3) | 182,593. | | | | HOUSING/HEALTH |
| (10) COASTLINE COMMUNITY COLLEGE DISTRICT 11460 WARNER AVE. FOUNTAIN VALLEY, CA 92708 | 33-0094898 | 501C(3) | 18,439. | | | | INCOME |
| (11) CSUF-ASC, FULLERTON AUXILIARY SERVICES CORP 1121 N STATE COLLEGE BLVD | 95-2081258 | 501C(3) | 20,000. | | | | EDUCATION |
| (12) FAMILY ASSISTANCE MINISTRIES 1030 CALLE NEGOCIO SAN CLEMENTE, CA 92673 | 33-0864870 | 501C(3) | 70,366. | | | | INCOME/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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
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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.

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|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ILLUMINATION INSTITUTE 10061 TALBERT AVE #325 | 81-2103843 | 501C(3) | 105,000. | | | | HOUSING |
| (2) PACIFIC ISLANDER HEALTH PARTNERSHIP 12912 BROOKHURST ST #410 | 14-1911866 | 501C(3) | 140,000. | | | | HEALTH/HUMAN SERVICE |
| (3) SECOND BAPTIST CHURCH OF SANTA ANA 4300 WESTMINSTER AVE SANTA ANA, CA 92703 | 95-3290869 | 501C(3) | 105,000. | | | | HEALTH/HUMAN SERVICE |
| (4) SHANTI ORANGE COUNTY 23461 S PT DR #100 LAGUNA HILLS, CA 92653 | 33-0236592 | 501C(3) | 105,000. | | | | HEALTH/HUMAN SERVICE |
| (5) THE CAMBODIAN FAMILY 1626 E 4TH ST SANTA ANA, CA 92701 | 95-3854831 | 501C(3) | 105,000. | | | | HEALTH/HUMAN SERVICE |
| (6) THE CHRYSALIS CENTER 522 S MAIN ST LOS ANGELES, CA 90013 | 95-3972624 | 501C(3) | 75,516. | | | | HEALTH/HUMAN SERVICE |
| (7) THE TRANSLATIN@ COALITION 3055 WILSHIRE BLVD #350 | 27-3801872 | 501C(3) | 45,000. | | | | HEALTH/HUMAN SERVICE |
| (8) UNITED AMERICAN INDIAN INVOLVEMENT 1125 W 6TH STREET SUITE 103 | 95-2917933 | 501C(3) | 90,000. | | | | HEALTH/HUMAN SERVICE |
| (9) ABIDING SAVIOR LUTHERAN CHURCH 23262 EL TORO RD LAKE FOREST, CA 92630 | 59-3081174 | 501C(3) | 14,000. | | | | HEALTH/HUMAN SERVICE |
| (10) ABOUND FOOD CARE 200 N. TUSTIN AVENUE, SUITE 110 | 87-2110835 | 501C(3) | 125,000. | | | | HEALTH/HUMAN SERVICE |
| (11) ACCESS CALIFORNIA SERVICES 631 S. BROOKHURST STREET, SUITE 107 | 33-0826205 | 501C(3) | 17,500. | | | | INCOME |
| (12) ALIANZA TRANSLATINX 206 W. FOURTH STREET, SUITE 420 | 85-2605193 | 501C(3) | 140,000. | | | | HEALTH/HUMAN SERVICE |

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
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|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY IRVINE, CA 92614 | 95-3702013 | 501C(3) | 100,000. | | | | HEALTH/HUMAN SERVICE |
| (2) ARAB AMERICAN CIVIC COUNCIL 631 S. BROOKHURST STREET, #202 | 45-3309117 | 501C(3) | 25,000. | | | | HEALTH/HUMAN SERVICE |
| (3) CANCER KINSHIP 307 PLACENTIA AVENUE, SUITE 203 | 87-4802655 | 501C(3) | 35,000. | | | | HEALTH/HUMAN SERVICE |
| (4) CENTRO CULTURAL DE MEXICO EN EL CONDADO DE P.O. BOX 133 SANTA ANA, CA 92702 | 33-0614169 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (5) CHOC CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W. LA VETA AVE ORANGE, CA 92868 | 95-2321786 | 501C(3) | 356,644. | | | | HEALTH/HUMAN SERVICE |
| (6) CREER COMUNIDAD Y FAMILIA PO BOX 1347 SAN JUAN CAPISTRANO, CA 92693 | 33-0486106 | 501C(3) | 10,000. | | | | HEALTH/HUMAN SERVICE |
| (7) FAMILIES FORWARD 8 THOMAS IRVINE, CA 92618 | 33-0864870 | 501C(3) | 5,752. | | | | HEALTH/HUMAN SERVICE |
| (8) GRACE SOCIAL AND MEDICAL SERVICES 18326 WARD STREET FOUNTAIN VALLEY, CA 92708 | 45-4436246 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (9) HAITIAN BRIDGE ALLIANCE 4265 FAIRMOUNT AVE 3280 SAN DIEGO, CA 92105 | 81-3558713 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (10) HER STORY INC. 1781 S. CAMPTON AVENUE, SUITE 214 | 87-2869897 | 501C(3) | 25,000. | | | | HEALTH/HUMAN SERVICE |
| (11) HOPE COMMUNITY SERVICES INC. 1538 N. CENTURY BLVD. SANTA ANA, CA 92703 | 73-1098634 | 501C(3) | 37,500. | | | | HEALTH/HUMAN SERVICE |
| (12) HOPE THROUGH HOUSING FOUNDATION 9692 HAVEN AVE, SUITE 100 | 33-0802554 | 501C(3) | 362,000. | | | | HEALTH/HUMAN SERVICE |

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**Grants and Other Assistance to Organizations,
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|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) INSTITUTE FOR HEALTHCARE ADVANCEMENT 50 S. ANAHEIM BLVD ANAHEIM, CA 92805 | 33-0483197 | 501C(3) | 357,000. | | | | HEALTH/HUMAN SERVICE |
| (2) LA HABRA COLLABORATIVE 341 HILLCREST STREET LA HABRA, CA 90631 | 47-2082315 | 501C(3) | 25,000. | | | | HEALTH/HUMAN SERVICE |
| (3) MARSHALLESE YOUTH OF ORANGE COUNTY 13101 ASPENWOOD AVENUE | 36-4669816 | 501C(3) | 25,000. | | | | HEALTH/HUMAN SERVICE |
| (4) MOMS ORANGE COUNTY 1128 W. SANTA ANA BLVD. SANTA ANA, CA 92703 | 33-0518078 | 501C(3) | 362,000. | | | | HEALTH/HUMAN SERVICE |
| (5) NATIONAL ACTION NETWORK ORANGE COUNTY 1133 CAMELBACK STREET, #8656 | 87-2696045 | 501C(3) | 32,500. | | | | HEALTH/HUMAN SERVICE |
| (6) OAK HEALTH FOUNDATION 23141 MOULTON PKWY, SUITE 214 | 82-4188943 | 501C(3) | 37,500. | | | | HEALTH/HUMAN SERVICE |
| (7) OMID MULTICULTURAL INSTITUTE FOR DEVELOPMEN 2101 BUSINESS CENTER DRIVE, SUITE 150 | 27-2337843 | 501C(3) | 10,000. | | | | HEALTH/HUMAN SERVICE |
| (8) OPERATION CLEAN SLATE 1578 MINORCA DR COSTA MESA, CA 92626 | 33-0584810 | 501C(3) | 23,925. | | | | EDUCATION |
| (9) ORANGE COUNTY ASIAN AND PACIFIC ISLANDER CO 12912 BROOKHURST STREET, SUITE 410 | 91-2047245 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (10) ORANGE COUNTY CONGREGATION COMMUNITY ORGANI 310 W. BROADWAY ANAHEIM, CA 92805 | 95-3196836 | 501C(3) | 362,000. | | | | HEALTH/HUMAN SERVICE |
| (11) PEACE AND JUSTICE LAW CENTER 2501 E. CHAPMAN AVE., STE. 245 | 86-1981490 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (12) POVERTY STOPLIGHT USA 6200 HOLLYWOOD BLVD. UNIT 2526 | 85-1525110 | 501C(3) | 40,000. | | | | HEALTH/HUMAN SERVICE |

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33-0047994

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|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) PROVIDENCE MISSION HOSPITAL 27700 MEDICAL CENTER ROAD | 95-1643360 | 501C(3) | 315,250. | | | | HEALTH/HUMAN SERVICE |
| (2) QAZIZADA MULTICULTURAL THERAPY CLINIC (QMTC) P.O. BOX 10913 COSTA MESA, CA 92627 | 92-2636920 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (3) SAAHAS FOR CAUSE 12626 CUESTA STREET CERRITOS, CA 90703 | 84-2098056 | 501C(3) | 25,000. | | | | HEALTH/HUMAN SERVICE |
| (4) SAN FRANCISCO SOLANO CATHOLIC CHURCH 22082 ANTONIO PARKWAY | 95-1190030 | 501C(3) | 21,000. | | | | INCOME |
| (5) SANTIAGO DE COMPOSTELA CHURCH 21682 LAKE FOREST DRIVE | 95-3402508 | 501C(3) | 18,000. | | | | INCOME |
| (6) SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DRIVE COSTA MESA, CA 92626 | 23-7287150 | 501C(3) | 22,236. | | | | EDUCATION |
| (7) SOULRAPHA A/K/A ORANGE COUNTY AMAZING GRAC 700 W FIRST STREET, SUITE 9 | 20-0900079 | 501C(3) | 25,000. | | | | HEALTH/HUMAN SERVICE |
| (8) SOUTHLAND INTEGRATED SERVICES, INC. 9862 CHAPMAN AVENUE GARDEN GROVE, CA 92841 | 95-3403526 | 501C(3) | 10,000. | | | | HEALTH/HUMAN SERVICE |
| (9) SPECIAL SERVICE FOR GROUPS, INC. 905 E. 8TH STREET LOS ANGELES, CA 90021 | 95-1716914 | 501C(3) | 47,500. | | | | HEALTH/HUMAN SERVICE |
| (10) ST. KILIAN CATHOLIC CHURCH 26872 ESTANCIERO DRIVE | 36-2171058 | 501C(3) | 6,000. | | | | INCOME |
| (11) THE ENLIGHTENED MENTOR PROJECT 6709 LA TIJERA BLVD, SUITE 514 | 83-4302714 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (12) THE KENNEDY COMMISSION 17701 COWAN AVE. IRVINE, CA 92614 | 33-0959380 | 501C(3) | 357,000. | | | | HEALTH/HUMAN SERVICE |

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Schedule I (Form 990) 2022

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(Form 990)**

**Grants and Other Assistance to Organizations,
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2022

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Department of the Treasury
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Name of the organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

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|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) THE SALVATION ARMY 30840 HAWTHORNE BLVD. | 94-1156347 | 501C(3) | 212,000. | | | | HEALTH/HUMAN SERVICE |
| (2) TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088-9385 | 94-3213100 | 501C(3) | 57,500. | | | | HEALTH/HUMAN SERVICE |
| (3) TIDES FOUNDATION PO BOX 889389 LOS ANGELES, CA 90088-9389 | 51-0198509 | 501C(3) | 37,500. | | | | HEALTH/HUMAN SERVICE |
| (4) URBAN SOCIAL SERVICES AND ADVOCACY PO BOX 92544 LONG BEACH, CA 90809 | 85-2537569 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (5) VIET-C.A.R.E P.O. BOX 10624 WESTMINSTER, CA 92685 | 27-2256238 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (6) VIETNAMESE AMERICAN CANCER FOUNDATION 17150 NEWHOPE STREET, SUITE 203 | 91-2170415 | 501C(3) | 362,000. | | | | HEALTH/HUMAN SERVICE |
| (7) YMCA OF ORANGE COUNTY 13821 NEWPORT AVE. TUSTIN, CA 92780 | 95-1644055 | 501C(3) | 362,000. | | | | HEALTH/HUMAN SERVICE |
| (8) ZOCALO 32742 ALIPAZ STREET, #76 | 92-1128190 | 501C(3) | 20,000. | | | | HEALTH/HUMAN SERVICE |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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Schedule I (Form 990) 2022

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 | | | | | |
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| 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 for instructions and the latest information.

OMB No. 1545-0047

2022

**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 type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 SUSAN B. PARKS PRESIDENT, CEO | (i) | 355,206. | 69,401. | | 9,150. | 8,690. | 442,447. | 8,700. |
| | (ii) | | | | | | | |
| 2 CHRIS TICKNOR CHIEF TRANSFORMATION OFFICER | (i) | 215,669. | 20,000. | | | 653. | 236,322. | |
| | (ii) | | | | | | | |
| 3 MIKE GREENE VICE PRESIDENT, OPERATIONS | (i) | 140,063. | 5,000. | | 4,248. | 8,690. | 158,001. | 4,109. |
| | (ii) | | | | | | | |
| 4 REBECCA HEYHOE EXECUTIVE DIRECTOR, U2EH | (i) | 134,618. | 10,000. | | 3,906. | 8,690. | 157,214. | 3,790. |
| | (ii) | | | | | | | |
| 5 EMILEE TELLO CHIEF FINANCIAL OFFICER | (i) | 202,858. | 20,000. | | 6,282. | 11,761. | 240,901. | 6,080. |
| | (ii) | | | | | | | |
| 6 TAMARA THOMPSON VICE PRESIDENT, DEVELOPMENT | (i) | 143,353. | | | 4,404. | 8,690. | 156,447. | |
| | (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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

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 | | | | |
| 10 Securities - Closely held stock | X | 20 | 278,361. | FMV |
| 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) 2022

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.

OMB No. 1545-0047

2022

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Inspection**

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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

ORANGE COUNTY UNITED WAY IS COMMITTED TO ENSURING LOCAL STUDENTS
SUCCEED, OC FAMILIES GAIN FINANCIAL SECURITY, OUR NEIGHBORS EXPERIENCING
HOMELESSNESS FIND A PLACE TO CALL HOME, AND EVERYONE GETS CONNECTED TO
THE ASSISTANCE THEY NEED. WE SERVE HUNDREDS OF THOUSANDS OF OUR RESIDENTS
BY DELIVERING CRUCIAL PROGRAMS AND SERVICES DIRECTLY TO OUR COMMUNITIES.

OUR UNIQUE APPROACH COMES FROM AN UNDERSTANDING THAT ORANGE COUNTY'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 AND SOCIO-EMOTIONAL AND ACADEMIC SUPPORT, AND OFFERS WORKSHOPS

**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

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WHERE THEY LEARN VALUABLE 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 MOTIVATED HIGH SCHOOL SENIORS FROM UNDERREPRESENTED DISTRICTS 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, WE HAVE HELPED HOUSE MORE THAN 1,000 PEOPLE EXPERIENCING HOMELESSNESS.

**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.

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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. SINCE 2020, WE HAVE TRAINED 885 HOUSING CHAMPIONS WHO HAVE HELPED GET 1,233 AFFORDABLE AND PERMANENT SUPPORTIVE HOUSING UNITS APPROVED IN ORANGE COUNTY.

UNITED FOR FINANCIAL SECURITY EMPOWERS ORANGE COUNTY FAMILIES 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. IN 2023, 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

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.

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OMB No. 1545-0047

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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 CITY OF SANTA ANA, WE HELPED
DISTRIBUTE FEDERAL AND STATE COVID-19 RELIEF FUNDING FOR EMERGENCY RENTAL
ASSISTANCE TO 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

PROGRAM SERVICE EXPENSE ALLOCATIONS ARE COMPRISED OF COMMUNITY IMPACT

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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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Name of the organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

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.

FORM 990 PART VI SECTION B LINE 12C

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

33-0047994

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 COMMITTEE BELIEVES THE COMPENSATION PROGRAM AND INFORMATION DESCRIBED

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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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Internal Revenue Service

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

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

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: \$589,115

Name of the organization

Employer identification number

ORANGE COUNTY'S UNITED WAY

33-0047994

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

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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, OC FAMILIES GAIN FINANCIAL SECURITY, AND OUR NEIGHBORS EXPERIENCING HOMELESSNESS 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

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| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| ----- | ----- | ----- |
| MOXIE MARKETING AGENCY LLC 2082 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612 | MARKETING | 266,770. |
| SYNOPTEK LLC 412 E. PARKCENTER BLVD, SUITE 300 BOISE, ID 83706 | RENTAL ASSISTANCE | 375,488. |
| BRAINSTORM STUDIOS LLC 42 WATERWORKS WAY IRVINE, CA 92618 | INITIATIVE | 104,525. |