

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

2023**Open to Public
Inspection****A** For the **2023** calendar year, or tax year beginning **07/01/2023** and ending **06/30/2024****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

Doing Business As

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

F Name and address of principal officer:

SUSAN B.

PARKS, IRVINE, CA 92614

D Employer identification number

33-0047994

E Telephone number

(949) 660-7600

G Gross receipts \$ 28,330,100.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UNITEDWAYOC.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 53
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 52
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 144
	6	Total number of volunteers (estimate if necessary)	6 3,807
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 35,213,467. Current Year 26,408,207.
	9	Program service revenue (Part VIII, line 2g)	NONE NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	300,393. 575,107.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-77,549. -126,242.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,436,311. 26,857,072.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,868,789. 21,353,057.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,417,233. 6,337,565.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,398,254.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,583,327. 3,530,467.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,869,349. 31,221,089.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,566,962. -4,364,017.
	20	Total assets (Part X, line 16)	Beginning of Current Year 35,318,073. End of Year 33,636,837.
	21	Total liabilities (Part X, line 26)	7,493,024. 7,338,131.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,825,049. 26,298,706.

COPY FOR
PUBLIC INSPECTION**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

EMILEE TELLO

CFO

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

MATHEW FRERKER

Preparer's signature

MATHEW FRERKER

Date

04/02/2025

Check ☐ if self-employed

PTIN

P01677675

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** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 16,676,746. including grants of \$ 16,676,746.) (Revenue \$ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,726,218. including grants of \$ NONE) (Revenue \$ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 4,676,311. including grants of \$ 4,676,311.) (Revenue \$ NONE)

SEE SCHEDULE O

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

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

4e Total program service expenses 27,079,275.

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
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>	6 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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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</i> . See instructions	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	126	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	NONE	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 144		
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?			
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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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				452,509.	NONE	18,692.
(2) EMILEE TELLO CHIEF FINANCIAL OFFICER	37.50 NONE			X				213,097.	NONE	19,212.
(3) CHRIS TICKNOR CHIEF TRANSFORMATION OFFICER	37.50 NONE				X			224,271.	NONE	653.
(4) ANN RAMIREZ CHIEF STRATEGY OFFICER	37.50 NONE				X			149,044.	NONE	20,732.
(5) TAMARA THOMPSON VICE PRESIDENT, DEVELOPMENT	37.50 NONE					X		148,820.	NONE	13,885.
(6) MIKE GREENE VICE PRESIDENT, OPERATIONS	37.50 NONE					X		143,263.	NONE	13,685.
(7) REBECCA HEYHOE EXECUTIVE DIRECTOR, U2EH	37.50 NONE					X		141,142.	NONE	13,549.
(8) ANDREW BARSOUMFAHNY EXECUTIVE DIRECTOR, U4FS	37.50 NONE					X		134,333.	NONE	9,306.
(9) SERGIO CONTRERAS EXECUTIVE DIRECTOR, U4SS	37.50 NONE					X		134,663.	NONE	4,693.
(10) NANDA KUMAR CHERUVATATH CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(11) LAWRENCE R. ARMSTRONG VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(12) BEN ALVARADO TREASURER, DIRECTOR	1.00 NONE	X		X				NONE	NONE	NONE
(13) MAGGIE O'SULLIVAN SECRETARY, DIRECTOR	1.00 NONE	X		X				NONE	NONE	NONE
(14) STEVEN D. ALLISON 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) JACQUES BALLARD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(16) SHIRIN BEHZADI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(17) ANTONELLA CASTRO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) MARK CLEMENS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(19) TIMOTHY S. CLYDE DIRECTOR (OUTGOING 8/31/2023)	1.00 NONE	X						NONE	NONE	NONE
(20) HUGH CONNERS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) STEVE CHURM DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(22) MARTHA V. DANIEL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(23) IDO DOTAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(24) MARY GARRETT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(25) RENEE HENDRICK DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,741,142.	NONE	114,407.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,741,142.	NONE	114,407.

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>		
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			
(26) JOE HENSLEY DIRECTOR (OUTGOING 4/30/2024)	1.00 NONE	X						NONE	NONE	NONE
(27) JEFF HITTENBERGER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(28) JARROD INGLE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(29) JAMES JOHNSON, JR. DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(30) MICHAEL A. JOHNSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(31) ANN JOHNSTON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(32) KEITH KOBATA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(33) LARRY LABRADO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(34) ROBERT LAMBERT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(35) KENNETH LICKEL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(36) LISA LOCKLEAR 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) MABOOB M. AKHTER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(38) AMY MATHIESON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(39) PAULA MATTSON DIRECTOR (OUTGOING 11/17/2023)	1.00 NONE	X						NONE	NONE	NONE
(40) BILL MAURER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(41) HENRY MENDOZA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(42) PRASANNA MOHANTY DIRECTOR (OUTGOING 5/1/2024)	1.00 NONE	X						NONE	NONE	NONE
(43) JOE NUZZOLESE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(44) TAM NGUYEN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(45) MICHAEL O'MAHONEY DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(46) JAY ORLANDI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(47) BILL PEDIGO 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) ROBBIN NARIKE PRECIADO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(49) VICTORIA RIXON DIRECTOR (OUTGOING 3/5/2024)	1.00 NONE	X						NONE	NONE	NONE
(50) RICHARD SANCHEZ DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(51) JAMES SCHEINKMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(52) ERNEST SCHROEDER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(53) CHRISTINE SCHEUNEMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(54) MITCHELL SHENKIN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(55) JOHN F. SIMONIS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(56) RYAN SMITH DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(57) ALLEN STAFF DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(58) SRIDHAR SUNDARAM 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 <i>(continued)</i>
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[illegible]

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 ►		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	789,849.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	9,574,932.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	16,043,426.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,195,624.			
	h	Total. Add lines 1a-1f		26,408,207.			
	Program Service Revenue				Business Code		
2a							
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		575,107.		NONE	575,107.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		87,844.			87,844.
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	7a		1,195,624.				
	b	Less: cost or other basis and sales expenses	7b	1,195,624.			
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ 789,849. of contributions reported on line 1c). See Part IV, line 18	8a	48,579.			
	b	Less: direct expenses	8b	277,404.			
	c	Net income or (loss) from fundraising events		-228,825.			-228,825.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	MISC REFUNDS FROM 211 ACQUISITION		900099	14,739.		14,739.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		14,739.			
12	Total revenue. See instructions		26,857,072.		NONE	448,865.	

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,353,057.	21,353,057.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,939,065.	1,385,052.	138,452.	415,561.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,544,199.	2,328,432.	288,482.	927,285.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,068.	60,973.	5,012.	19,083.
9 Other employee benefits	322,323.	231,029.	18,990.	72,304.
10 Payroll taxes	446,910.	310,765.	32,437.	103,708.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	22,843.		22,843.	
c Accounting	87,226.		87,226.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	796,940.	199,998.	202,165.	394,777.
12 Advertising and promotion	473,348.	261,612.	3,703.	208,033.
13 Office expenses	520,840.	92,207.	391,425.	37,208.
14 Information technology	767,885.	388,623.	328,176.	51,086.
15 Royalties	NONE			
16 Occupancy	252,773.	151,394.	50,968.	50,411.
17 Travel	8,105.	2,723.	283.	5,099.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	95,846.	10,613.	72,466.	12,767.
20 Interest	NONE			
21 Payments to affiliates	197,621.	118,573.	39,524.	39,524.
22 Depreciation, depletion, and amortization	275,954.	165,572.	55,191.	55,191.
23 Insurance	31,086.	18,652.	6,217.	6,217.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	31,221,089.	27,079,275.	1,743,560.	2,398,254.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	7,203,299.	1	9,221,947.
	2 Savings and temporary cash investments.	NONE	2	NONE
	3 Pledges and grants receivable, net	7,773,434.	3	4,457,855.
	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	184,798.	9	237,498.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,098,599.		
	b Less: accumulated depreciation.	10b 4,550,163.		
	11 Investments - publicly traded securities.	2,100,525.	10c	2,548,436.
	12 Investments - other securities. See Part IV, line 11.	18,056,017.	11	17,171,101.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	NONE	15	NONE	
17 Accounts payable and accrued expenses.	35,318,073.	16	33,636,837.	
18 Grants payable	3,832,524.	17	6,915,831.	
19 Deferred revenue	3,660,500.	18	422,300.	
20 Tax-exempt bond liabilities	NONE	19	NONE	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	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	21	NONE	
23 Secured mortgages and notes payable to unrelated third parties	NONE	22	NONE	
24 Unsecured notes and loans payable to unrelated third parties.	NONE	23	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	24	NONE	
26 Total liabilities. Add lines 17 through 25.	NONE	25	NONE	
27 Net assets without donor restrictions.	7,493,024.	26	7,338,131.	
28 Net assets with donor restrictions.				
29 Capital stock or trust principal, or current funds				
30 Paid-in or capital surplus, or land, building, or equipment fund				
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances				
33 Total liabilities and net assets/fund balances.				

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	26,857,072.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,221,089.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,364,017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,825,049.
5	Net unrealized gains (losses) on investments	5	1,584,296.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	1,253,378.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,298,706.

Part XII Financial Statements and ReportingCheck 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** (2023)

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

2023

**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) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,548,170.	47,745,113.	67,629,732.	35,213,467.	26,408,207.	195,544,689.
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.	18,548,170.	47,745,113.	67,629,732.	35,213,467.	26,408,207.	195,544,689.
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).						995,510.
6 Public support. Subtract line 5 from line 4						194,549,179.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18,548,170.	47,745,113.	67,629,732.	35,213,467.	26,408,207.	195,544,689.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	352,377.	296,459.	322,117.	462,237.	711,530.	2,144,720.
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.)	3,074.	NONE	12.	NONE	14,739.	17,825.
11 Total support. Add lines 7 through 10						197,707,234.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.40 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.82 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	3,074.	NONE	12.	NONE	14,739.	17,825.
TOTALS	3,074.	NONE	12.	NONE	14,739.	17,825.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

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	\$ 7,709,484.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,246,207.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,126,360.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,023,727.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,018,617.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 950,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

Part 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	\$ 865,137.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 677,540.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 650,575.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 625,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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

ORANGE COUNTY'S UNITED WAY

Employer identification number

33-0047994

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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) 2023

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)		39,588.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		13,196.													
c Total lobbying expenditures (add lines 1a and 1b)		52,784.													
d Other exempt purpose expenditures		31,168,305.													
e Total exempt purpose expenditures (add lines 1c and 1d)		31,221,089.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
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) 2020	(b) 2021	(c) 2022	(d) 2023	(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	50,000.	51,500.	58,733.	52,784.	213,017.
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	37,500.	38,625.	44,050.	39,588.	159,763.

Schedule C (Form 990) 2023

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

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

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.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	50	
2 Aggregate value of contributions to (during year)	5,448,431.	
3 Aggregate value of grants from (during year)	5,454,409.	
4 Aggregate value at end of year	495,512.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

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

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2023

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 in 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	15,507,042.	14,771,124.	17,997,326.	15,050,239.	15,234,806.
b Contributions	20,000.	10,000.	638.	101,142.	75,700.
c Net investment earnings, gains, and losses	1,844,303.	1,425,918.	-2,126,839.	4,245,944.	439,733.
d Grants or scholarships					
e Other expenditures for facilities and programs	700,000.	700,000.	1,100,000.	1,400,000.	700,000.
f Administrative expenses					
g End of year balance	16,671,345.	15,507,042.	14,771,125.	17,997,325.	15,050,239.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 72.0000 %

b Permanent endowment 28.0000 %

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:

(i) Unrelated organizations?

3a(i)	Yes	No
		X

(ii) Related organizations?

3a(ii)	Yes	No
		X

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

3b	Yes	No

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	NONE	722,039.		722,039.
b Buildings	NONE	2,089,639.	2,089,639.	NONE
c Leasehold improvements	NONE	2,332,434.	1,408,347.	924,087.
d Equipment	NONE	1,804,149.	1,035,473.	768,676.
e Other	NONE	150,338.	16,704.	133,634.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,548,436.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,194,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,584,296.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	428,978.
e	Add lines 2a through 2d	2e	2,013,274.
3	Subtract line 2e from line 1	3	22,180,761.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,676,311.
c	Add lines 4a and 4b	4c	4,676,311.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,857,072.

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

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

1	Total expenses and losses per audited financial statements	1	26,544,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	26,544,778.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,676,311.
c	Add lines 4a and 4b	4c	4,676,311.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	31,221,089.

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: 4,676,311

FORM 990 SCHEUDLE D PART XI LINE 2D:

PRIOR-YEAR PLEDGE LOSS ADJUSTMENT: 428,978

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

33-0047994

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 WPF BREAKFAST (event type)	(b) Event #2 FALL FUNDRAISER (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	571,119.	267,309.		838,428.
	2 Less: Contributions	541,768.	248,081.		789,849.
	3 Gross income (line 1 minus line 2)	29,351.	19,228.		48,579.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		30,210.		30,210.
	6 Rent/facility costs	44,245.	29,062.		73,307.
	7 Food and beverages	34,052.	34,862.		68,914.
	8 Entertainment	20,437.	2,250.		22,687.
	9 Other direct expenses	38,343.	43,943.		82,286.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				277,404.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-228,825.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

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

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public
Inspection

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) ABRAZAR, INC. 7101 WYOMING STREET WESTMINSTER, CA 92683	33-0301538	501(C)(3)	712,500.				INCOME/EDUCATION
(2) SACRED PATH INDIGENOUS WELLNESS CENTER 2232 KINGBRIDGE COURT SAN DIMAS, CA 91773	26-2716007	501(C)(3)	427,637.				HEALTH/HUMAN SERVICE
(3) ACCESS CALIFORNIA SERVICES 300 W CARL KARCHER WAY ANAHEIM, CA 92801	33-0826205	501(C)(3)	193,666.				INCOME
(4) SECOND BAPTIST CHURCH OF SANTA ANA 4300 WESTMINSTER AVENUE SANTA ANA, CA 92703	95-3290869	501(C)(3)	187,500.				HEALTH/HUMAN SERVICE
(5) SHANTI ORANGE COUNTY 23461 S POINTE DRIVE LAGUNA HILLS, CA 92653	33-0236592	501(C)(3)	187,500.				HEALTH/HUMAN SERVICE
(6) THE CAMBODIAN FAMILY 1626 E. 4TH STREET SANTA ANA, CA 92701	95-3854831	501(C)(3)	187,500.				HEALTH/HUMAN SERVICE
(7) CHOC CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W. LA VETA AVENUE ORANGE, CA 92868	95-2321786	501(C)(3)	182,499.				HEALTH/HUMAN SERVICE
(8) ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY IRVINE, CA 92614	95-3702013	501(C)(3)	180,550.				HEALTH/HUMAN SERVICE
(9) COALITION OF ORANGE COUNTY COMMUNITY CLINIC 515 N. CABRILLO PARK SANTA ANA, CA 92701	95-2900725	501(C)(3)	180,000.				HEALTH/HUMAN SERVICE
(10) ILLUMINATION INSTITUTE 10061 TALBERT AVENUE F. VALLEY, CA 92708	81-2103843	501(C)(3)	180,000.				HOUSING
(11) ORANGE COUNTY CONGREGATION COMMUNITY ORGANIZATION 310 W. BROADWAY ANAHEIM, CA 92805	95-3196836	501(C)(3)	165,000.				HEALTH/HUMAN SERVICE
(12) HOPE THROUGH HOUSING FOUNDATION 9692 HAVEN AVE. RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	157,500.				HEALTH/HUMAN SERVICE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 142

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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Part I General Information on Grants and Assistance

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(1) MOMS ORANGE COUNTY							
1128 W. SANTA ANA BLVD. SANTA ANA, CA 92703	33-0518078	501 (C) (3)	157,500.				HEALTH/HUMAN SERVICE
(2) VIETNAMESE AMERICAN CANCER FOUNDATION							
17150 NEWHOPE ST. FOUNTAIN VALLEY, CA 92708	91-2170415	501 (C) (3)	157,500.				HEALTH/HUMAN SERVICE
(3) INSTITUTE FOR HEALTHCARE ADVANCEMENT							
50 S. ANAHEIM BLVD. ANAHEIM, CA 92805	33-0483197	501 (C) (3)	150,000.				HEALTH/HUMAN SERVICE
(4) ORANGE COUNTY DEPARTMENT OF EDUCATION							
200 KALMUS DRIVE COSTA MESA, CA 92626	95-6000943	501 (C) (3)	150,000.				HEALTH/HUMAN SERVICE
(5) PROVIDENCE MISSION HOSPITAL							
27700 MEDICAL CENTER M. VIEJO, CA 92691	95-1643360	501 (C) (3)	150,000.				HEALTH/HUMAN SERVICE
(6) THE KENNEDY COMMISSION							
17701 COWAN AVENUE IRVINE, CA 92614	33-0959380	501 (C) (3)	150,000.				HEALTH/HUMAN SERVICE
(7) YMCA OF ORANGE COUNTY							
13821 NEWPORT AVENUE TUSTIN, CA 92780	95-1644055	501 (C) (3)	150,000.				HEALTH/HUMAN SERVICE
(8) ALIANZA TRANSLATINX							
206 W. FOURTH STREET SANTA ANA, CA 92701	85-2605193	501 (C) (3)	142,500.				HEALTH/HUMAN SERVICE
(9) PACIFIC ISLANDER HEALTH PARTNERSHIP							
1505 E 17TH STREET SANTA ANA, CA 92705	14-1911866	501 (C) (3)	142,500.				HEALTH/HUMAN SERVICE
(10) MERCY HOUSE LIVING CENTERS, INC.							
P.O. BOX 1905 SANTA ANA, CA 92702	33-0315864	501 (C) (3)	135,000.				HOUSING
(11) ONEOC							
1901 EAST 4TH STREET SANTA ANA, CA 92705	95-2021700	501 (C) (3)	127,250.				HEALTH/HUMAN SERVICE
(12) AROUND FOOD CARE							
200 N. TUSTIN AVENUE SANTA ANA, CA 92705	87-2110835	501 (C) (3)	125,000.				HEALTH/HUMAN SERVICE

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
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Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

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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) CHARITABLE VENTURES OF ORANGE COUNTY							
1505 E. 17TH STREET SANTA ANA, CA 92705	20-8756660	501 (C) (3)	123,500.				HOUSING/HEALTH
(2) COMMUNITY ACTION PARTNERSHIP							
11870 MONARCH GARDEN GROVE, CA 92841	95-2452787	501 (C) (3)	98,666.				INCOME/HEALTH
(3) GOOD HANDS FOUNDATION							
12 RUE BRITTANY FOOTHILL RANCH, CA 92610	47-1888690	501 (C) (3)	88,500.				INCOME
(4) THE CHRYSALIS CENTER							
522 S MAIN STREET LOS ANGELES, CA 90013	95-3972624	501 (C) (3)	87,500.				HEALTH/HUMAN SERVICE
(5) TIDES CENTER							
P.O. BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501 (C) (3)	76,500.				HEALTH/HUMAN SERVICE
(6) THE SALVATION ARMY							
30840 HAWTHORNE R. PALOS VERDES, CA 90275	94-1156347	501 (C) (3)	58,053.				HEALTH/HUMAN SERVICE
(7) ANAHEIM ELEMENTARY SCHOOL DISTRICT							
1001 S EAST STREET ANAHEIM, CA 92805	95-6000119	501 (C) (4)	55,500.				EDUCATION
(8) SEGERSTROM CENTER FOR THE ARTS							
600 TOWN CENTER DRIVE COSTA MESA, CA 92626	23-7287150	501 (C) (3)	52,227.				EDUCATION
(9) ARAB AMERICAN CIVIC COUNCIL							
631 S. BROOKHURST STREET ANAHEIM, CA 92804	45-3309117	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(10) GRACE SOCIAL AND MEDICAL SERVICES							
18326 WARD STREET FOUNTAIN VALLEY, CA 92708	45-4436246	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(11) HAITIAN BRIDGE ALLIANCE							
4560 ALVARADO CANYON SAN DIEGO, CA 92120	81-3558713	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(12) ORANGE COUNTY ASIAN & PACIFIC ISLANDER COMM							
12912 BROOKHURST ST. GARDEN GROVE, CA 92840	91-2047245	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE

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Schedule I (Form 990) 2023

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Part I General Information on Grants and Assistance

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(1) PEACE AND JUSTICE LAW CENTER 2501 E. CHAPMAN AVENUE FULLERTON, CA 92833	86-1981490	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(2) QAZIZADA MULTICULTURAL THERAPY CLINIC (QMTC) P.O. BOX 10913 COSTA MESA, CA 92627	92-2636920	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(3) SOULRAPHA 700 W FIRST STREET TUSTIN, CA 92780	20-0900079	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(4) URBAN SOCIAL SERVICES AND ADVOCACY P.O. BOX 92544 LONG BEACH, CA 90809	85-2537569	501 (C) (3)	44,500.				HEALTH/HUMAN SERVICE
(5) LA HABRA COLLABORATIVE 341 HILCREST STREET LA HABRA, CA 90631	47-2082315	501 (C) (3)	37,000.				HEALTH/HUMAN SERVICE
(6) MARSHALLESE YOUTH OF ORANGE COUNTY 2901 W MACARTHUR BLVD. SANTA ANA, CA 92704	36-4669816	501 (C) (3)	37,000.				HEALTH/HUMAN SERVICE
(7) SAARAS FOR CAUSE 13337 SOUTH STREET #158 CERRITOS, CA 90703	84-2098056	501 (C) (3)	37,000.				HEALTH/HUMAN SERVICE
(8) THE ENLIGHTENED MENTOR PROJECT 6709 LA TIJERA BLVD. LOS ANGELES, CA 90045	83-4302714	501 (C) (3)	37,000.				HEALTH/HUMAN SERVICE
(9) VIET-C.A.R.E P.O. BOX 10624 WESTMINSTER, CA 92685	27-2256238	501 (C) (3)	37,000.				HEALTH/HUMAN SERVICE
(10) ZOCALO 32742 ALIPAZ S. JUAN CAPISTRANO, CA 92675	92-1128190	501 (C) (3)	37,000.				HEALTH/HUMAN SERVICE
(11) ANAHEIM UNION HIGH SCHOOL DISTRICT 501N CRESCENT WAY ANAHEIM, CA 92801	95-6000120	501 (C) (3)	35,000.				EDUCATION
(12) GOODWILL INDUSTRIES OF ORANGE COUNTY 410 NORTH FAIRVIEW SANTA ANA, CA 92703	95-1644018	501 (C) (3)	32,666.				HEALTH/HUMAN SERVICE

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Schedule I (Form 990) 2023

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SCHEDULE I
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Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

Employer identification number

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(1) CANCER KINSHIP 307 PLACENTIA AVE. NEWPORT BEACH, CA 92663	87-4802655	501 (C) (3)	32,000.				HEALTH/HUMAN SERVICE
(2) HOPE COMMUNITY SERVICES, INC. 1538 N. CENTURY BLVD. SANTA ANA, CA 92703	73-1098634	501 (C) (3)	32,000.				HEALTH/HUMAN SERVICE
(3) NATIONAL ACTION NETWORK ORANGE COUNTY 1133 CAMELBACK STREET	87-2696045	501 (C) (3)	32,000.				HEALTH/HUMAN SERVICE
(4) TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501 (C) (3)	32,000.				HEALTH/HUMAN SERVICE
(5) CENTRO CULTURAL DE MEXICO EN EL CONDADO DE P.O. BOX 133 SANTA ANA, CA 92702	33-0614169	501 (C) (3)	30,000.				HEALTH/HUMAN SERVICE
(6) COMM. HEALTH INITIATIVE OF ORANGE COUNTY 1505 E. 17TH STREET SANTA ANA, CA 92705	47-2671013	501 (C) (3)	28,500.				INCOME/HEALTH
(7) SANTIAGO DE COMPOSTELA CHURCH 21682 LAKE FOREST LAKE FOREST, CA 92630	95-3402508	501 (C) (3)	27,500.				INCOME
(8) DAYLE MCINTOSH CENTER FOR THE DISABLED 501 N BROOKHURST ST. ANAHEIM, CA 92801	95-3313707	501 (C) (3)	25,166.				HEALTH/HUMAN SERVICE
(9) MULTI-ETHNIC COLLABORATIVE OF COMMUNITY AGE 1505 E. 17TH STREET SANTA ANA, CA 92705	27-1348840	501 (C) (3)	25,166.				HEALTH/HUMAN SERVICE
(10) OAK HEALTH FOUNDATION 23141 MOULTON PKWY. LAGUNA HILLS, CA 92653	82-4188943	501 (C) (3)	25,000.				HEALTH/HUMAN SERVICE
(11) PURE GAME 22372 WOODBLUFF RD. LAKE FOREST, CA 92630	26-4083785	501 (C) (3)	23,400.				EDUCATION
(12) KOREAN COMMUNITY SERVICES, INC. 451 WEST LINCOLN AVE. ANAHEIM, CA 92805	95-3245254	501 (C) (3)	22,666.				HEALTH/HUMAN SERVICE

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(1) LAGUNA WOODS VILLAGE PC CLUB 24351 EL TORO RD. LAGUNA WOODS, CA 92637	42-1645625	501(C)(3)	22,000.				INCOME
(2) SAN FRANCISCO SOLANO CATHOLIC CHURCH 22082 ANTONIO R SANTA MARGARITA, CA 92688	95-3018918	501(C)(3)	21,000.				INCOME
(3) GARDEN GROVE UNIFIED SCHOOL DISTRICT 10331 STANFORD AVE. GARDEN GROVE, CA 92840	95-2378800	501(C)(3)	20,000.				EDUCATION
(4) FRIENDSHIP SHELTER P.O. BOX 4252 LAGUNA BEACH, CA 92652	33-0219404	501(C)(3)	17,500.				HOUSING/HEALTH
(5) CALIFORNIA STATE UNIVERSITY FULLERTON 800 N STATE COLLEGE FULLERTON, CA 92831	33-0567945	501(C)(3)	16,500.				INCOME
(6) LGBTQ CENTER OC 1605 N SPURGEON STREET SANTA ANA, CA 92701	95-2934041	501(C)(3)	16,166.				HEALTH/HUMAN SERVICE
(7) HER STORY, INC. 1781 S. CAMPTON AVENUE ANAHEIM, CA 92805	87-2869897	501(C)(3)	15,000.				HEALTH/HUMAN SERVICE
(8) BOYS & GIRLS CLUBS OF CENTRAL ORANGE COAST 17701 COWAN SUITE 110 IRVINE, CA 92614	95-1893417	501(C)(3)	13,500.				HEALTH/HUMAN SERVICE
(9) ORANGEWOOD FOUNDATION 1575 E 17TH STREET SANTA ANA, CA 92705	95-3616628	501(C)(3)	12,575.				INCOME/HOUSING
(10) ABIDING SAVIOR LUTHERAN CHURCH 23262 EL TORO RD. LAKE FOREST, CA 92630	59-3081174	501(C)(3)	11,000.				HEALTH/HUMAN SERVICE
(11) COLETTE'S CHILDREN'S HOME 7372 PRINCE DR. HUNTINGTON BEACH, CA 92647	91-1939140	501(C)(3)	10,000.				HOUSING
(12) GIRL SCOUTS OF ORANGE COUNTY 9500 TOLEDO WAY, SUITE 100 IRVINE, CA 92618	95-2023244	501(C)(3)	10,000.				EDUCATION

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

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

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

Schedule I (Form 990) 2023

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SCHEDULE I
(Form 990)

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

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUMAN OPTIONS, INC. 5540 TRABUCO ROAD IRVINE, CA 92620	95-3667817	501 (C) (3)	10,000.				HOUSING/HEALTH
(2) LAURA'S HOUSE 33 JOURNEY, SUITE 150 ALISO VIEJO, CA 92656	33-0621826	501 (C) (3)	10,000.				HEALTH/HUMAN SERVICE
(3) WISEPLACE 1411 N. BROADWAY SANTA ANA, CA 92706	95-1684796	501 (C) (3)	10,000.				HOUSING
(4) WOMEN'S TRANSITIONAL LIVING CENTER P.O. BOX 916 FULLERTON, CA 92832	51-0201813	501 (C) (3)	10,000.				HOUSING/HEALTH
(5) COASTLINE COMMUNITY COLLEGE 11460 WARNER AVE. FOUNTAIN VALLEY, CA 92708	33-0094898	501 (C) (3)	9,500.				EDUCATION
(6) AASCSC 850 NORTH BIRCH STREET SANTA ANA, CA 92701	33-0396096	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(7) AMERICA ON TRACK 600 W. SANTA ANA BLVD. SANTA ANA, CA 92701	33-0724044	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(8) AMERICAN LUNG ASSOCIATION 55 W. WACKER DRIVE CHICAGO, IL 60601	13-1632524	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(9) BOYS & GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON LAGUNA BEACH, CA 92651	95-1878822	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(10) BPSOS CENTER FOR COMMUNITY ADVANCEMENT 13950 MILTON AVENUE WESTMINSTER, CA 92683	82-2413208	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(11) BREAK EVERY CHAIN FOUNDATION INCORPORATED 455 E. CENTER STREET ANAHEIM, CA 92805	82-2927609	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(12) CALIFORNIA CHAPTER 4, AMERICAN ACADEMY OF 5000 CAMPUS DR. NEWPORT BEACH, CA 92660	95-3731523	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE

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

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

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Schedule I (Form 990) 2023

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

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

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public
Inspection

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) CHINESE CHRISTIAN HERALD CRUSADES, INC. 7115 E. MISSION ROAD SAN GABRIEL, CA 91776	13-3156738	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(2) COR COMMUNITY DEVELOPMENT CORPORATION 45 TESLA IRVINE, CA 92618	33-0944779	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(3) COUNCIL ON AGING--SOUTHERN CALIFORNIA, INC. 2 EXECUTIVE CIRCLE IRVINE, CA 92614	95-2874089	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(4) CREER COMUNIDAD Y FAMILIA P.O. BOX 1347 SAN JUAN CAPISTRANO, CA 92693	33-0486106	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(5) CUAUTLA LOS HIJOS AUSENTES 2112 E. 4TH STREET SANTA ANA, CA 92705	82-3294698	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(6) DELHI CENTER 505 E. CENTRAL AVENUE SANTA ANA, CA 92707	95-2620952	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(7) EKTA CENTER 7 MECKLENBERG IRVINE, CA 92620	33-0373078	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(8) FAMILIES FORWARD 8 THOMAS IRVINE, CA 92618	76-0738741	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(9) FAMILY ASSISTANCE MINISTRIES 1030 CALLE NEGOCIO SAN CLEMENTE, CA 92673	33-0864870	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(10) FREE REIN FOUNDATION 1838 GOLDENWEST HUNTINGTON BEACH, CA 92648	46-3753339	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(11) GIRLS INC. OF ORANGE COUNTY 1801 E. EDINGER AVENUE SANTA ANA, CA 92705	95-1810150	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(12) GLOBAL HOPE 365 335 CENTENNIAL WAY TUSTIN, CA 92708	82-1958699	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE

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

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

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Schedule I (Form 990) 2023

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.

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Department of the Treasury
Internal Revenue Service

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) HIGHER GROUND YOUTH & FAMILY SERVICES, INC. 23001 LA PALMA AVENUE YORBA LINDA, CA 92887	46-1455865	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(2) JOHNSON CHAPEL AFRICAN METHODIST EPISCOPAL 1306 W. SECOND STREET SANTA ANA, CA 92703	53-0204696	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(3) KHERUT 1112 N. BROOKHURST STREET ANAHEIM, CA 92801	83-2816420	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(4) LATINO HEALTH ACCESS 450 W. FOURTH STREET SANTA ANA, CA 92701	33-0562943	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(5) LATINO MUSLIM UNITY 2265 W BROADWAY H301 ANAHEIM, CA 92804	83-2774077	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(6) LUTHERAN SOCIAL SERVICES 12432 9TH ST. GARDEN GROVE, CA 92840-3539	95-2225798	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(7) MARIPOSA WOMEN AND FAMILY CENTER 1845 W ORANGEWOOD AVE. ORANGE, CA 92868	95-3626580	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(8) MERCY HEALTH 11515 ARTESIA BLVD. ARTESIA, CA 90701	88-2580405	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(9) NEW HOPE PRESBYTERIAN CHURCH 2580 W. ORANGE AVENUE ANAHEIM, CA 92804	61-1862040	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(10) OC UNITED TOGETHER 418 W. COMMONWEALTH FULLERTON, CA 92832	46-3761517	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(11) OLIVE COMMUNITY SERVICES, INC. 328 E COMMONWEALTH AVE. FULLERTON, CA 92832	81-2938405	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(12) OMID MULTICULTURAL INSTITUTE FOR DEVELOPMEN 2101 BUSINESS CENTER DRIVE IRVINE, CA 92612	27-2337843	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE

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

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

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Schedule I (Form 990) 2023

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

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OMB No. 1545-0047

2023

Open to Public
Inspection

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) ORANGE COUNTY ASSOC. FOR MENTAL HEALTH 1971 E. 4TH STREET SANTA ANA, CA 92705	95-2036972	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(2) ORANGE COUNTY CHILDREN'S THERAPEUTIC 2215 N. BROADWAY SANTA ANA, CA 92706	33-0930891	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(3) ORANGE COUNTY CHINESE COMMUNITY SERVICE 53 HELIOTROPE LAKE FOREST, CA 92630	38-4217667	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(4) ORANGE COUNTY COMM. ORG. FOR RESPONSIBL 1505 E. 17TH STREET SANTA ANA, CA 92705	43-2092827	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(5) ORANGE COUNTY FAMILY JUSTICE CENTER FDN. 150 WEST VERMONT AVENUE ANAHEIM, CA 92805	20-4088652	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(6) ORANGE COUNTY HUMAN RELATIONS COUNCIL 1801 EDINGER AVENUE SANTA ANA, CA 92705	33-0438086	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(7) ORANGE UNIFIED PUBLIC SCHOOLS FDN. 960 N TUSTIN STREET ORANGE, CA 92867	33-0729327	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(8) PEER VOICES OF OC 308 W CHAPMAN AVE. ORANGE, CA 92856	87-3791488	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(9) POPPY LIFE CARE FOUNDATION, INC. 307 PLACENTIA AVE. NEWPORT BEACH, CA 92663	83-2081360	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(10) PROMOTORESE SALUD DE ORANGE COUNTY 309 S. GARNSEY ST. SANTA ANA, CA 92701	87-3136702	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(11) SABIL USA P.O. BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE
(12) SAKYA COMMUNITY SERVICE CENTER 1454 VOYAGER DR. TUSTIN, CA 92782	86-2588860	501(C)(3)	7,500.				HEALTH/HUMAN SERVICE

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

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Schedule I (Form 990) 2023

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

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OMB No. 1545-0047

2023

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Employer identification number

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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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOCIAL & ENVIRONMENTAL ENTREPRENEURS, INC. 23564 CALABASAS ROAD CALABASAS, CA 91302	95-4116679	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(2) SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVENUE RICHMOND, CA 94805	46-1323531	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(3) SONRISE COMMUNITY CHRISTIAN CHURCH 6940 KNOTT AVENUE BUENA PARK, CA 90621	91-2148366	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(4) SOUTH COAST CHINESE CULTURAL ASSOCIATION 9 TRUMAN STREET IRVINE, CA 92620	95-3367525	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(5) SOUTHERN CALIFORNIA YOUTH ENGAGEMENT ASSOC. 2082 BUSINESS CENTER DR. IRVINE, CA 92612	88-3617733	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(6) SOUTHLAND INTEGRATED SERVICES, INC. 9862 CHAPMAN AVENUE GARDEN GROVE, CA 92841	95-3403526	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(7) THE ELI HOME, INC. 1175 N. EAST STREET ANAHEIM, CA 92805	33-0189254	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(8) THE NET FAMILY SUPPORT 131 N. TUSTIN AVE TUSTIN, CA 92780	92-2663885	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(9) TIYYA FOUNDATION, INC. 505 NORTH TUSTIN AVENUE SANTA ANA, CA 92705	27-3128801	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(10) UNITED AMERICAN INDIAN INVOLVEMENT 1453 W. TEMPLE ST. LOS ANGELES, CA 90026	95-2917933	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(11) VIETNAMESE LANGUAGE ACCESS-ASSISTANCE 11811 VENICE BLVD. LOS ANGELES, CA 90066	88-1232354	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(12) VINEYARD CHRISTIAN FELLOWSHIP OF ANAHEIM 5340 E LA PALMA AVE. ANAHEIM, CA 92807	95-3447927	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE

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

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Schedule I (Form 990) 2023

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

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) VISION Y COMPROMISO 15808 HESPERIAN BLVD. SAN LORENZO, CA 94580	32-0071651	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(2) VROC - VIET RAINBOW OF ORANGE COUNTY 12832 GARDEN GROVE GARDEN GROVE, CA 92843	46-5408967	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(3) WALKING SHIELD, INC. 3100 AIRWAY AVENUE COSTA MESA, CA 92626	33-0209754	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(4) WELLNESS & PREVENTION FOUNDATION 700 AVENIDA PICO SAN CLEMENTE, CA 92673	47-2443093	501 (C) (3)	7,500.				HEALTH/HUMAN SERVICE
(5) ASIAN AMERICAN SENIOR CITIZENS SERVICE CENT 850 N BIRCH STREET SANTA ANA, CA 92701	33-0396096	501 (C) (3)	6,500.				INCOME/HEALTH
(6) SECOND HARVEST FOOD BANK 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501 (C) (3)	6,150.				HEALTH
(7) BUILDING SKILLS PARTNERSHIP 828 W WASHINGTON LOS ANGELES, CA 90015	26-1254255	501 (C) (3)	6,000.				INCOME
(8) OUR SAVIORS LUTHERAN CHURCH AND SCHOOLS 200 AVENIDA SAN CLEMENTE, CA 92672	95-3614203	501 (C) (3)	6,000.				INCOME
(9) ST. KILIAN CATHOLIC CHURCH 26872 ESTANCIERO DR MISSION VIEJO, CA 92691	36-2171058	501 (C) (3)	6,000.				INCOME
(10) UNIVERSITY OF CALIFORNIA IRVINE 2160 BARRANCA PKWY. IRVINE, CA 92606	95-2540117	501 (C) (3)	6,000.				EDUCATION
(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

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

Schedule I (Form 990) 2023

2023

Open to Public
Inspection

Employer identification number

33-0047994

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

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

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

SCHEDULE I PART I LINE 2:

GENERAL INFO - GRANTS & ASSISTANCE:

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ORANGE COUNTY'S UNITED WAY

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 checked="" 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) 2023

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	(iii) Other reportable compensation				
1 SUSAN B. PARKS PRESIDENT, CEO	(i) 368,851.	83,658.	NONE	NONE	9,387.	9,305.	471,201.	9,150.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EMILEE TELLO CHIEF FINANCIAL OFFICER	(i) 213,097.	NONE	NONE	NONE	6,600.	12,612.	232,309.	6,282.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 CHRIS TICKNOR CHIEF TRANSFORMATION OFFICER	(i) 224,271.	NONE	NONE	NONE	NONE	653.	224,924.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 ANN RAMIREZ CHIEF STRATEGY OFFICER	(i) 149,044.	NONE	NONE	NONE	5,145.	15,587.	169,776.	4,075.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 TAMARA THOMPSON VICE PRESIDENT, DEVELOPMENT	(i) 148,820.	NONE	NONE	NONE	4,580.	9,305.	162,705.	4,404.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MIKE GREENE VICE PRESIDENT, OPERATIONS	(i) 143,263.	NONE	NONE	NONE	4,380.	9,305.	156,948.	4,248.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 REBECCA HEYHOE EXECUTIVE DIRECTOR, U2EH	(i) 141,142.	NONE	NONE	NONE	4,244.	9,305.	154,691.	3,906.
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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)							

Schedule J (Form 990) 2023

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

2023

**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	X	15	1,195,624.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2023

JSA

3E1298 1.000

97663D 702H

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
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▶ Attach to Form 990 or 990-EZ.

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FORM 990 PART III LINE 4A:

ORANGE COUNTY UNITED WAY IS COMMITTED TO ENSURING LOCAL STUDENTS SUCCEED,
OC FAMILIES GAIN FINANCIAL SECURITY, OUR UNHOUSED NEIGHBORS 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 THROUGH OUR KEY INITIATIVES AND KEY
SERVICE:

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 AIMS TO INCREASE THE HIGH SCHOOL GRADUATION RATE
BY HELPING BOTH STUDENTS AND PARENTS UNDERSTAND THAT HIGHER EDUCATION IS
ATTAINABLE AND ACCESSIBLE, REGARDLESS OF BACKGROUND. OFFERINGS INCLUDE
EXCITING COLLEGE AND CAREER EXPLORATION, FINANCIAL AID AND SCHOLARSHIP
OPPORTUNITIES, COLLEGE FIELD TRIPS, APPLICATION SUPPORT, LEADERSHIP
SKILLS, AND MORE.

. YOUTH CAREER CONNECTIONS OFFERS WORK-BASED LEARNING OPPORTUNITIES THAT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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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 TO STAY ON TRACK AND 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 SAFE AND AFFORDABLE PLACE TO CALL HOME AND
OPPORTUNITIES TO THRIVE. 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
NONPROFIT 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 1,150 PEOPLE EXPERIENCING
HOMELESSNESS.

. WHATEVER IT TAKES IS A NEW PILOT PROGRAM LAUNCHED WITH CALOPTIMA HEALTH

SCHEDULE O
(Form 990 or 990-EZ)

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Internal Revenue Service

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FOR MEMBERS EXPERIENCING HOMELESSNESS AND HOUSING INSECURITY. THE PROGRAM
EXPEDITES ACCESS TO FLEXIBLE FUNDS, INCENTIVIZES PROPERTY OWNERS, AND
COORDINATES WITH 30+ COMMUNITY-BASED ORGANIZATIONS TO FIND POSITIVE
RESOLUTIONS.

. 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.

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 2024, THE
PROGRAM MADE A \$21.3 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

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PAYING FOR COLLEGE.

. 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.

IN JULY 2023, WE ADDED OUR KEY SERVICE, 2-1-1 ORANGE COUNTY
(211OC)-ALREADY RECOGNIZED AS A CRITICAL LINK FOR CONNECTING RESIDENTS TO
COMMUNITY RESOURCES. THROUGH 211OC, RESOURCES ARE BEING ALLOCATED MORE
EQUITABLY, SERVICES CAN BE ACCESSED MORE EFFECTIVELY, AND UNMET NEEDS AND
BARRIERS ARE BEING IDENTIFIED SO WE CAN APPROPRIATELY ADDRESS THEM.

COMPONENTS:

. HOTLINE: A FREE, CONFIDENTIAL, 24/7 HOTLINE PROVIDES IMMEDIATE
CONNECTIONS TO HEALTHCARE, HOUSING ASSISTANCE, FOOD SUPPORT, AND MORE.
CALLERS CAN REACH HELP ANYTIME VIA PHONE, TEXT, OR WEB SEARCH. IN 2023,
211OC ANSWERED 475,363 CONTACTS FROM OC RESIDENTS.

. PARTNER NETWORK: THOUSANDS OF HEALTH AND HUMAN SERVICE PROVIDERS
COLLABORATE THROUGH OUR COMMUNITY INFORMATION EXCHANGE (CIE), DELIVERING
WHOLE-PERSON SUPPORT AND ENSURING INDIVIDUALS AREN'T RETRAUMATIZED BY
RETELLING THEIR STORIES. THIS ALLOWS FOR COMPASSIONATE, COORDINATED CARE.
CURRENTLY, 211OC CONNECTS PEOPLE IN OC WITH 3,000+ SOCIAL SERVICES
PROGRAMS.

. COMMUNITY DATA AND INSIGHTS: THROUGH THE HOTLINE, PARTNER NETWORK, CIE,
AND THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS), 211OC COLLECTS
VITAL DATA THAT REVEALS COMMUNITY NEEDS AND SERVICE GAPS.

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ADDITIONALLY, WE HELPED ADDRESS HEALTH INEQUITIES IN OUR COMMUNITY OVER THE LAST SEVERAL YEARS BY PARTNERING WITH EQUITY IN OC, AN ORANGE COUNTY HEALTH CARE AGENCY INITIATIVE THAT HELPS PEOPLE IN UNDERSERVED AND MULTICULTURAL COMMUNITIES ATTAIN THEIR FULL HEALTH POTENTIAL. ORANGE COUNTY UNITED WAY CARRIED OUT COMMUNITY PARTNER ENGAGEMENT, INCLUDING RECRUITING AND WORKING WITH LOCAL GRASSROOTS ORGANIZATIONS AS WELL AS ADMINISTERING THE VARIOUS FUNDING OPPORTUNITIES. WHILE FUNDING FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION CAME TO AN END ON MAY 30, 2024, THROUGH THIS COLLABORATIVE EFFORT, ORANGE COUNTY UNITED WAY ADMINISTERED MORE THAN \$13.1 MILLION TO 194 NONPROFIT ORGANIZATIONS COMMITTED TO ADVANCING HEALTH EQUITY IN OUR COMMUNITIES.

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 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

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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:

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

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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 DESCRIB 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.

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Department of the Treasury
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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: \$428,978

CONTRIBUTION OF NET ASSETS FROM 2110C: \$824,400

TOTAL OTHER CHANGES IN NET ASSETS: \$1,253,378

FORM 990 PART X LINE 3

AT TIMES, THE ORGANIZATION MAY RECEIVE GRANTS AND/OR PLEDGES THAT ARE

RECOGNIZED AS CONTRIBUTION REVENUE IN THE PERIOD WHEN ALL THE CRITERIA FOR

REVENUE RECOGNITION HAVE BEEN MET BUT ARE SPENT IN SUBSEQUENT PERIODS DUE

TO THE TIMING OF WHEN THE GRANTS AND/OR PLEDGES WERE RECEIVED, WHICH MAY

RESULT IN A LOSS IN THOSE SUBSEQUENT PERIODS.

Name of the organization

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ORANGE COUNTY'S UNITED WAY

33-0047994

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

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

ORANGE COUNTY UNITED WAY IS COMMITTED TO BREAKING BARRIERS AND IMPROVING LIVES FOR EVERYONE WHO LIVES HERE. THROUGH OUR 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 UNHOUSED NEIGHBORS FIND A PLACE TO CALL HOME. WE ALSO OFFER VITAL SUPPORT VIA 2-1-1 ORANGE COUNTY (211 OC), OUR KEY SERVICE THAT CONNECTS THOUSANDS OF RESIDENTS WITH HEALTH AND HUMAN SERVICE RESOURCES.

THROUGHOUT 2024, WE CELEBRATED OUR CENTENNIAL, COMMEMORATING 100 YEARS OF IMPACT TOGETHER IN ORANGE COUNTY AND RECOMMITTING TO ANOTHER CENTURY OF MAKING A DIFFERENCE, CREATING BRIGHTER FUTURES FOR ALL, AND CARING FOR OUR COMMUNITY THE OC WAY.

TO LEARN MORE OR DISCOVER HOW YOU CAN HELP, VISIT UNITEDWAYOC.ORG.

ORANGE COUNTY UNITED WAY IS A STANDALONE, INDEPENDENT 501 (C) (3) NONPROFIT ORGANIZATION.

Name of the organization

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ORANGE COUNTY'S UNITED WAY

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
SYNOPTEK, LLC 412 E. PARKCENTER BOULEVARD, SUITE 300 BOISE, ID 83706	SOFTWARE DEVELOPMENT	289,552.
MOXIE MARKETING AGENCY, LLC 2082 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	MARKETING	124,667.
SCHOEDER MANAGEMENT COMPANY 1675 SCENIC AVENUE, SUITE #250 COSTA MESA, CA 92626	HOMELESSNESS PROGRAM	105,293.
VERREX, LLC 1130 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092	COMPUTER EQUIPMENT	101,395.