

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

2017**Open to Public
Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

UNITED WAY, INC.

Doing Business As UNITED WAY OF GREATER LOS ANGELES

Number and street (or P.O. box if mail is not delivered to street address)

1150 S. OLIVE STREET, SUITE T500

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90015

F Name and address of principal officer:

ELISE BUIK

1150 S. OLIVE ST., SUITE T500 LOS ANGELES, CA 90015

D Employer identification number

95-2274801

E Telephone number

(213) 808-6220

G Gross receipts \$ 47,070,471.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

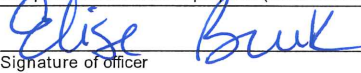

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UNITEDWAYLA.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1962**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO PERMANENTLY BREAK THE CYCLE OF POVERTY FOR OUR MOST VULNERABLE NEIGHBORS: FAMILIES, CHILDREN, VETERANS AND THE HOMELESS.			
	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	40.		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40.		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	117.		
	6	Total number of volunteers (estimate if necessary)	6	2,570.		
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b		Net unrelated business taxable income from Form 990-T, line 34	7b	66,182.		
8		Contributions and grants (Part VIII, line 1h)	Prior Year	65,244,901.	Current Year	45,378,145.
9		Program service revenue (Part VIII, line 2g)		0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		390,833.	359,737.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,369,358.	967,592.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		67,005,092.	46,705,474.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51,675,371.	30,929,061.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,824,429.	9,747,120.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		62,083.	83,900.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,965,882.				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,198,360.	8,646,332.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		67,760,243.	49,406,413.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12		-755,151.	-2,700,939.	
	20	Total assets (Part X, line 16)	Beginning of Current Year	46,247,368.	End of Year	43,016,085.
	21	Total liabilities (Part X, line 26)		15,429,930.		13,113,807.
	22	Net assets or fund balances. Subtract line 21 from line 20.		30,817,438.		29,902,278.

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		5-9-19			
	Signature of officer	Date			
	ELISE BUIK	PRESIDENT AND CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	QI WEN LIANG		05/07/2019		P01270238
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 515 S. FLOWER STREET, 7TH FLOOR LOS ANGELES, CA 90071	Phone no. 213-627-1717			

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** (2017)

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

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

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

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

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

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY, INC.	Employer identification number (EIN) or 95-2274801
	Number, street, and room or suite no. If a P.O. box, see instructions. 1150 S. OLIVE STREET, SUITE T500	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90015	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LINING LEE RECENDEZ

- The books are in the care of ► 1150 S. OLIVE STREET SUITE T500 LOS ANGELES CA 90015

Telephone No. ► 213 808-6399

Fax No. ►

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

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

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:

TO PERMANENTLY BREAK THE CYCLE OF POVERTY FOR OUR MOST VULNERABLE
NEIGHBORS: FAMILIES, CHILDREN, VETERANS AND THE HOMELESS.

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 \$ 11,302,691. including grants of \$ 7,011,430.) (Revenue \$)

FROM OUR PROGRAM PERTAINING TO ACCESS TO HOUSING, OUR GOAL IS TO
CREATE AND SUSTAIN AN END TO HOMELESSNESS, SEE SCHEDULE O FOR
FURTHER DETAILS.

4b (Code:) (Expenses \$ 3,659,769. including grants of \$ 2,270,275.) (Revenue \$)

IN OUR ENDEAVORS TO IMPROVE EDUCATION, OUR GOAL IS TO INCREASE THE
HIGH SCHOOL GRADUATION RATE, ENSURING ALL STUDENTS GRADUATE AND
ARE PREPARED FOR COLLEGE AND CAREERS. SEE SCHEDULE O FOR FURTHER
DETAILS.

4c (Code:) (Expenses \$ 6,926,097. including grants of \$ 4,296,485.) (Revenue \$)

IN OUR WORK AIMED AT IMPROVING ECONOMIC MOBILITY, OUR GOAL IS TO
BREAK THE CYCLE OF INTERGENERATIONAL POVERTY. SEE SCHEDULE O FOR
FURTHER DETAILS.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 17,350,871. including grants of \$ 17,350,871.) (Revenue \$ 274,680.)

4e Total program service expenses ► 39,239,428.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	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? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	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? If "Yes," complete Schedule D, Part IV.	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	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? If "Yes," complete Schedule F, Parts I and IV.	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? If "Yes," complete Schedule F, Parts II and IV.	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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	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? If "Yes," complete Schedule I, Parts I and II.	21	X
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? If "Yes," complete Schedule I, Parts I and III.	22	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? If "Yes," complete Schedule J.	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I.	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	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? If "Yes," complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	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? If "Yes," complete Schedule R, Part VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	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. 1a 111		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
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 117		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		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? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note.	See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	40	
1b Enter the number of voting members included in line 1a, above, who are independent	40	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

LINING LEE RECENDEZ 1150 S. OLIVE STREET SUITE T500 LOS ANGELES, CA 90015 213-808-6399

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(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			
(1) MARK HUTCHINS CHAIR	5.00 0.	X		X				0.	0.	0.
(2) CHRIS CAREY VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(3) JOHN MACK CORPORATE SECRETARY -PART YEAR	5.00 0.	X		X				0.	0.	0.
(4) BRIAN CULLINAN TREASURER	5.00 0.	X		X				0.	0.	0.
(5) RUDY MEDINA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) LISA ALEXANDER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) ERIKA ANDERSON BOARD MEMBER - PART YEAR	1.00 0.	X						73,100.	0.	0.
(8) ADELE BERWANGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) CAROLINE CHOE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) JANET CLAYTON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) LISA CLERI REALE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) TOM CUCE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) KEVIN DEMOFF BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) ELISABETH DICK BOARD MEMBER	1.00 0.	X						0.	0.	0.

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) DAVID DICRISTOFARO BOARD MEMBER	1.00 0.	X						0.	0.	0.
(16) WILLIAM DONOVAN, JR. BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) MARIA ELENA DURAZO BOARD MEMBER - PART YEAR	1.00 0.	X						0.	0.	0.
(18) JANA WARING GREER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(19) SACHI HAMAI EX-OFFICIO	1.00 0.	X						0.	0.	0.
(20) MICHELE HAVENS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(21) RUSTY HICKS EX-OFFICIO	1.00 0.	X						0.	0.	0.
(22) LARRY JAMES BOARD MEMBER	1.00 0.	X						0.	0.	0.
(23) KEVIN KIM BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) STEWART KWOH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(25) BRAD LARSEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								73,100.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,457,564.	0.	208,838.
d Total (add lines 1b and 1c)								1,530,664.	0.	208,838.

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 **13**

	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
ATTACHMENT 2		

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 **10**

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) JONATHAN LARSEN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(27) LESLIE LASSITER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(28) ROBYN LAWHON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(29) MARK LOUCHHEIM ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(30) KATHY MANDATO ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(31) CARMEN MOCH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(32) CAROLINE NAHAS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(33) JERRY NEUMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(34) IRENE OH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(35) STEVE OLSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(36) MARK PHAIR ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
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 ► 13

	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

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) HEATHER RIM BOARD MEMBER - PART YEAR	1.00 0.	X						0.	0.	0.
(38) REGINA ROSSALL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(39) MIGUEL SANTANA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(40) KATHY SIECK BOARD MEMBER	1.00 0.	X						0.	0.	0.
(41) MICHAEL SILACCI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(42) RENATA SIMRIL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(43) DOUGLAS TURK BOARD MEMBER	1.00 0.	X						0.	0.	0.
(44) JOE WAZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(45) ELISE BUIK PRESIDENT & CEO	50.00 0.			X				371,890.	0.	107,378.
(46) LINING REZENDEZ VP, FINANCE	50.00 0.			X				176,600.	0.	36,240.
(47) MILINDA MARTIN CHIEF OPERATING OFFICER	50.00 0.				X			244,084.	0.	15,429.
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 **13**

	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

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) DEENA MARGOLIS ----- VP, COMMUNITY IMPACT	50.00 0.					X		149,955.	0.	11,658.
(49) JANET MORGAN ----- DIRECTOR, MAJOR GIFTS	50.00 0.					X		136,741.	0.	17,089.
(50) HONG (ALICE) CHUNG ----- VP, MARKETING & COMMUNICATION	50.00 0.					X		132,573.	0.	7,565.
(51) ELIZABETH PAULSON ----- DIR, ENGMT & STRAT. INITIATIVE	50.00 0.					X		125,409.	0.	3,067.
(52) COREY CASTILLO ----- DIRECTOR, MAJOR ACCOUNTS	50.00 0.					X		120,312.	0.	10,412.

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 **▶** 13

	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

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				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	130,558.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	45,247,587.			
	g	Noncash contributions included in lines 1a-1f: \$		504,258.			
	h	Total. Add lines 1a-1f		45,378,145.			
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		270,199.			270,199.
	4	Income from investment of tax-exempt bond proceeds . .		0.			
	5	Royalties		1,654.			1,654.
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		454,535.			
	b	Less: cost or other basis and sales expenses		364,997.			
	c	Gain or (loss)		89,538.			
	d	Net gain or (loss)		89,538.			89,538.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities.		0.				
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue							
11a	ADMINISTRATIVE FEE AND EXPENSE RECOVERY	900099		801,558.	274,680.		526,878.
b	ALL OTHER REVENUE	900099		164,380.			164,380.
c							
d	All other revenue						
e	Total. Add lines 11a-11d			965,938.			
12	Total revenue. See instructions.			46,705,474.	274,680.		1,052,649.

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	30,929,061.	30,929,061.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	990,558.	268,070.	403,916.	318,572.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,545,024.	2,508,136.	860,754.	3,176,134.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,160,263.	360,336.	297,592.	502,335.
9 Other employee benefits	514,330.	209,873.	77,403.	227,054.
10 Payroll taxes	536,945.	214,637.	83,911.	238,397.
11 Fees for services (non-employees):				
a Management	27,619.		27,619.	
b Legal	18,125.		18,125.	
c Accounting	162,701.		162,701.	
d Lobbying	92,542.	92,542.		
e Professional fundraising services. See Part IV, line 17.	83,900.			83,900.
f Investment management fees	8,008.		8,008.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,268,802.	2,680,293.	228,459.	360,050.
12 Advertising and promotion	896,529.	426,087.	131,262.	339,180.
13 Office expenses	313,761.	118,975.	55,735.	139,051.
14 Information technology	749,187.	278,537.	181,531.	289,119.
15 Royalties	0.			
16 Occupancy	895,553.	292,588.	219,687.	383,278.
17 Travel	318,114.	137,546.	56,236.	124,332.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	298,091.	173,346.	33,042.	91,703.
20 Interest	16,155.	5,008.	4,200.	6,947.
21 Payments to affiliates	539,043.	167,103.	140,151.	231,789.
22 Depreciation, depletion, and amortization	163,660.	50,735.	42,551.	70,374.
23 Insurance	78,757.	24,667.	20,382.	33,708.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	799,685.	301,888.	147,838.	349,959.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	49,406,413.	39,239,428.	3,201,103.	6,965,882.
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)	0.			

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	20,673,844.	1	16,605,753.
	2 Savings and temporary cash investments	57,113.	2	1,824,833.
	3 Pledges and grants receivable, net	13,286,622.	3	11,745,557.
	4 Accounts receivable, net	1,410,468.	4	1,383,015.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	350,665.	9	649,734.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,183,144.		
	b Less: accumulated depreciation	10b 2,335,685.		
	11 Investments - publicly traded securities	1,011,119.	10c	847,459.
	12 Investments - other securities. See Part IV, line 11	9,038,537.	11	9,541,042.
	13 Investments - program-related. See Part IV, line 11	0.	12	0.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	419,000.	15	418,692.	
	46,247,368.	16	43,016,085.	
Liabilities	17 Accounts payable and accrued expenses	3,431,830.	17	3,576,207.
	18 Grants payable	9,224,903.	18	7,362,115.
	19 Deferred revenue	100,000.	19	100,000.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	419,000.	21	418,692.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	2,254,197.	25	1,656,793.
	26 Total liabilities. Add lines 17 through 25	15,429,930.	26	13,113,807.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,416,083.	27	19,198,260.
	28 Temporarily restricted net assets	8,401,355.	28	10,704,018.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,817,438.	33	29,902,278.
	34 Total liabilities and net assets/fund balances	46,247,368.	34	43,016,085.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,705,474.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,406,413.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,700,939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,817,438.
5	Net unrealized gains (losses) on investments	5	12,896.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,772,883.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,902,278.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ X

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

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

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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 or 990-EZ).)
- 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 in 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 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,410,600.	65,981,395.	71,621,707.	65,244,901.	45,378,145.	314,636,748.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	66,410,600.	65,981,395.	71,621,707.	65,244,901.	45,378,145.	314,636,748.
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).						73,622,440.
6 Public support. Subtract line 5 from line 4						241,014,308.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	66,410,600.	65,981,395.	71,621,707.	65,244,901.	45,378,145.	314,636,748.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	122,897.	134,276.	306,123.	392,387.	271,853.	1,227,536.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						315,864,284.
12 Gross receipts from related activities, etc. (see instructions)					12	6,105,476.
13 First five 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 2017 (line 6, column (f) divided by line 11, column (f)).	14	76.30 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	76.45 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 in 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 five 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 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

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?	1	
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).	2	
3 By reason of the relationship described in (2), 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.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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 or 990-EZ) 2017

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		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization
UNITED WAY, INC.

Employer identification number
95-2274801

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **UNITED WAY, INC.**Employer identification number
95-2274801**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		\$ 4,531,317.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,400,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,173,801.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,055,226.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,881,888.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,440,660.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY, INC.**Employer identification number
95-2274801**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		\$ 1,339,542.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,287,223.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 937,200.	Person <input checked="" type="checkbox"/> Payroll <input checked="" 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 UNITED WAY, INC.

Employer identification number

95-2274801

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

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

Name of organization UNITED WAY, INC.

Employer identification number

95-2274801

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 or 990-EZ)

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

2017

**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 UNITED WAY, INC.	Employer identification number 95-2274801
--	--

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 or 990-EZ) 2017

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 (grass roots lobbying)		88,157.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		37,309.	
c Total lobbying expenditures (add lines 1a and 1b)		125,466.	
d Other exempt purpose expenditures		49,280,947.	
e Total exempt purpose expenditures (add lines 1c and 1d)		49,406,413.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		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-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	52,896.	29,770.	920,022.	125,466.	1,128,154.
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	28,123.	1,480.	391.	88,157.	118,151.

Schedule C (Form 990 or 990-EZ) 2017

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 be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	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 expenditure 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.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

FORM 990, SCHEDULE C, PART II-A

IN FISCAL YEAR 2018, UNITED WAY CONTINUED TO SUPPORT THE TWO TAX BALLOTS PASSED LAST FISCAL YEAR (PROPOSITION MEASURE HHH IN NOVEMBER 2016 FOR CITY OF LOS ANGELES ELECTION, AND MEASURE H IN MARCH 2017 FOR COUNTY OF LOS ANGELES). THE INVOLVEMENTS AND EXPENSES INCURRED WERE SIGNIFICANTLY REDUCED FROM LAST YEAR.

UNITED WAY HAS A 501(H) ELECTION PURSUANT TO WHICH IT MAY EXPEND \$1 MILLION ON LEGISLATIVE LOBBYING ACTIVITIES. THERE IS NO SIGNIFICANT LOBBYING EXPENSES IN FISCAL YEAR 2018.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

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

2017

Open to Public
Inspection

Employer identification number

95-2274801

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
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 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 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 (e.g., 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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2017

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 are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,398,333.	2,955,135.	3,056,016.	2,954,153.	2,499,524.
b Contributions	100,000.				
c Net investment earnings, gains, and losses	269,321.	443,198.	-100,881.	101,863.	454,629.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,767,654.	3,398,333.	2,955,135.	3,056,016.	2,954,153.

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

a Board designated or quasi-endowment ▶ 100.0000 %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,728,117.	953,800.	774,317.
d Equipment		1,123,524.	1,118,626.	4,898.
e Other		331,503.	263,259.	68,244.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				847,459.

Schedule D (Form 990) 2017

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, col. (B) line 12.) ►		

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, col. (B) line 13.) ►		

Part IX Other Assets.

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

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

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) DEFERRED RENT AND LEASE INCENTIVE	1,571,261.	
(3) CAPITALIZED LEASE OBLIGATION	85,532.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		1,656,793.

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 FIN 48 (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	29,367,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,896.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-17,350,871.
e	Add lines 2a through 2d	2e	-17,337,975.
3	Subtract line 2e from line 1	3	46,705,474.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	46,705,474.

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	32,055,542.
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	32,055,542.
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	17,350,871.
c	Add lines 4a and 4b	4c	17,350,871.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	49,406,413.

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 PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART IV, LINE 2B

CUSTODIAN FUNDS ARE HELD BY UNITED WAY ON BEHALF OF OTHER ENTITIES AND
ARE DISBURSED ONLY UPON INSTRUCTIONS FROM SUCH ENTITIES.

SCHEDULE D, PART V, LINE 4

THE BOARD DESIGNATED ENDOWMENT FUND WAS SET UP TO INVEST FUNDS AND
PROVIDE SECURITY TO THE FUTURE OPERATIONS OF UNITED WAY.

SCHEDULE D, PART X, LINE 2

UNITED WAY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AND
FRANCHISE TAX BOARD AS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL AND
STATE INCOME TAX ON ITS INCOME, OTHER THAN UNRELATED BUSINESS INCOME,
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND SECTION
23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY.

ASC TOPIC NO. 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, REQUIRES
ENTITIES TO DETERMINE WHETHER IT IS "MORE LIKELY THAN NOT" THAT A TAX
POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING
AUTHORITIES. AN UNCERTAIN TAX POSITION WILL NOT BE RECOGNIZED IF IT HAS
LESS THAN A 50% LIKELIHOOD OF BEING SUSTAINED. THE ORGANIZATION BELIEVES
THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL
STATEMENTS. THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS
AS OF JUNE 30, 2018, NOR ARE ANY ANTICIPATED IN THE 12 MONTHS FOLLOWING
JUNE 30, 2018. THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST,
WHICH WOULD BE CLASSIFIED AS TAX EXPENSES IN THE STATEMENT OF ACTIVITIES
AND CHANGES IN NET ASSETS. AS A RESULT, NO PROVISION FOR INCOME TAXES HAS
BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

THE OPEN FEDERAL AND STATE TAX YEARS ARE AS FOLLOWS:

FEDERAL - US 2014 THROUGH 2017

CALIFORNIA 2013 THROUGH 2017

SCHEDULE D, PART XI, LINE 2D

ON BEHALF OF ITS DONORS, UNITED WAY PROCESSED DESIGNATIONS TO OTHER
NONPROFIT ORGANIZATIONS IN THE AMOUNT OF \$17,350,871.

SCHEDULE D, PART XII, LINE 4B

ON BEHALF OF ITS DONORS, UNITED WAY PROCESSED DESIGNATIONS TO OTHER
NONPROFIT ORGANIZATIONS IN THE AMOUNT OF \$17,350,871.

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts				
2 Less: Contributions				
3 Gross income (line 1 minus line 2).				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B

MAL WARWICK ASSOCIATES

2550 9TH STREET, SUITE 103

BERKELEY, CA 94710

THE FUNDRAISER WAS PAID \$83,900 FOR ITS PROFESSIONAL FUNDRAISING SERVICES

AND THIS AMOUNT WAS REPORTED IN PART I, LINE 2B. THE FUNDRAISER WAS ALSO

PAID \$277,422 FOR FUNDRAISING EXPENSES, SUCH AS PRINTING, PAPER,

- 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).

ENVELOPES, POSTAGE, MAILING LIST AND OTHER REIMBURSABLE EXPENSES.

FUNDRAISING EXPENSES WERE SEPARATELY IDENTIFIED ON INVOICES.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
MAL WARWICK ASSOCIATES	DIRECT MAIL		X	568,161.	83,900.	484,261.
2550 9TH STREET, SUITE 103						
BERKELEY						
CA 94710						

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) 1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVE STE 200, LA, CA 90018	95-3989251	501 (C)(3)	40,000.				HOUSING
(2) 211 - COUNTY OF LOS ANGELES 526 W. LAS TUNAS DR. SAN GABRIEL, CA 91776	95-3510017	501 (C)(3)	169,500.				ECONOMIC MOBILITY
(3) ADVANCEMENT THROUGH OPPORTUNITIY & KNOWLEDG 1200 WEST 37TH PLACE LOS ANGELES, CA 90007	95-4415115	501 (C)(3)	40,000.				EDUCATION
(4) AFTER-SCHOOL ALL STARS 6501 FOUNTAIN AVE LOS ANGELES, CA 90028	91-2162719	501 (C)(3)	40,000.				EDUCATION
(5) ALL PEOPLES COMMUNITY CENTER 822 E 20TH STREET LOS ANGELES, CA 90011	95-2669400	501 (C)(3)	45,000.				EDUCATION
(6) ALLIANCE FOR A BETTER COMMUNITY 1545 WILSHIRE BLVD, STE 700, LA, CA 90017	31-1760082	501 (C)(3)	35,000.				EDUCATION
(7) AMERICAN RED CROSS OF GREATER LOS ANGELES 11355 OHIO AVENUE LOS ANGELES, CA 90025	53-0196605	501 (C)(3)	225,000.				ECONOMIC MOBILITY
(8) ANTELOPE VALLEY BOYS & GIRLS CLUB P.O. BOX 10047 LANCASTER, CA 93584	95-4290055	501 (C)(3)	30,000.				EDUCATION
(9) ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL P.O. BOX 2980 LANCASTER, CA 93539	95-3582588	501 (C)(3)	489,500.				HOUSING
(10) ANTELOPE VALLEY PARTNERS FOR HEALTH 45104 10TH ST. WEST LANCASTER, CA 93534	47-0957404	501 (C)(3)	35,000.				EDUCATION
(11) ASCENCIA 1851 TYBURN STREET GLENDALE, CA 91204	20-4233822	501 (C)(3)	15,000.				HOUSING
(12) ASIAN AMERICAN DRUG ABUSE PROGRAM 2900 CRENSHAW BLVD. LOS ANGELES, CA 90016	95-2848695	501 (C)(3)	50,000.				ECONOMIC MOBILITY

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) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY, INC.

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) ASIAN AMERICANS ADVANCING JUSTICE - LA 1145 WILSHIRE BLVD, 2ND FLR, LA, CA 90017	95-3854152	501 (C)(3)	75,000.				EDUCATION
(2) BOYS & GIRLS CLUB OF BURBANK 2244 N. BUENA VISTA ST. BURBANK, CA 91504	95-4485745	501 (C)(3)	35,000.				EDUCATION
(3) BOYS & GIRLS CLUB OF CARSON 1950 E 220TH ST, STE 102 CARSON, CA 90810	33-0475452	501 (C)(3)	40,000.				EDUCATION
(4) BOYS & GIRLS CLUB OF THE LOS ANGELES HARBOR 1200 S. CABRILLO AVE SAN PEDRO, CA 90731	95-1661682	501 (C)(3)	125,660.				EDUCATION
(5) BOYS & GIRLS CLUB OF VENICE 2232 LINCOLN BLVD VENICE, CA 90291	95-6209203	501 (C)(3)	50,000.				EDUCATION
(6) BOYS & GIRLS CLUB OF WEST SAN GABRIEL VALLE 328 S. RAMONA AVE MONTEREY PARK, CA 91754	95-2782501	501 (C)(3)	45,000.				EDUCATION
(7) BOYS & GIRLS CLUB OF WHITTIER 7905 S. GREENLEAF AVE WHITTIER, CA 90602	95-6151763	501 (C)(3)	45,000.				EDUCATION
(8) BRIDGE TO HOME (SANTA CLARITA COMMUNITY DEV P.O. BOX 802978 SANTA CLARITA, CA 91380	95-4587823	501 (C)(3)	35,000.				HOUSING
(9) BUILDING SKILLS PARTNERSHIP 828 W. WASHINGTON BLVD., LA, CA 90015	26-1254255	501 (C)(3)	107,500.				EDUCATION & ECONOMIC
(10) CALIFORNIANS FOR JUSTICE EDUCATION FUND 1971 LAS PLUMAS AVE SAN JOSE, CA 95133	94-3256009	501 (C)(3)	30,000.				EDUCATION
(11) CANGRESS DBA LA COMMUNITY ACTION NETWORK 838 E. 6TH ST. LOS ANGELES, CA 90021	02-0661629	501 (C)(3)	25,000.				HOUSING
(12) CAREER LADDERS PROJECT 678 13TH STREET OAKLAND, CA 94612	68-0412350	501 (C)(3)	7,500.				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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY, INC.

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC CHARITIES OF LOS ANGELES, INC. 1531 JAMES M. WOOD BLVD., LA, CA 90015	95-1690973	501 (C)(3)	100,000.				HOUSING & ECONOMIC MOBILITY
(2) CAUSE 2021 SPERRY AVE, STE 9 VENTURA, CA 93003	77-0578864	501 (C)(3)	100,000.				ECONOMIC MOBILITY
(3) CENTER FOR PACIFIC ASIAN FAMILY, INC. 543 N. FAIRFAX AVE #108, LA, CA 90036	95-3532351	501 (C)(3)	25,000.				HOUSING
(4) CENTER FOR POWERFUL PUBLIC SCHOOLS 350 S. BIXEL ST., STE 180. LA, CA 90017	26-0326342	501 (C)(3)	30,000.				EDUCATION
(5) CENTRAL AMERICAN RESOURCE CENTER OF CA 2845 W. 7TH STREET, LOS ANGELES, CA 90005	95-3867724	501 (C)(3)	30,000.				EDUCATION
(6) CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S. BIXEL ST. LOS ANGELES, CA 90017	95-4837709	501 (C)(3)	35,000.				ECONOMIC MOBILITY
(7) CHILD AND FAMILY GUIDANCE CENTER 8550 BLABOA BLVD., NORTHRIDGE, CA 91325	95-2217348	501 (C)(3)	40,000.				ECONOMIC MOBILITY
(8) CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA 1910 MAGNOLIA AVE LOS ANGELES, CA 90007	95-1690975	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(9) CHINATOWN SERVICE CENTER 767 N. HILL ST., STE 400, LA, CA 90012	95-2918844	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(10) CHRYSALIS CENTER 522 S MAIN STREET LOS ANGELES, CA 90013	95-3972624	501 (C)(3)	100,000.				HOUSING & ECONOMIC MOBILITY
(11) CITY YEAR 606 S OLIVE ST. 2ND FLR	22-2882549	501 (C)(3)	30,000.				EDUCATION
(12) COALITION FOR HUMANE IMMIGRANT RIGHTS OF LA 2533 WEST 3RD ST , STE 101, LA, CA 90057	95-4421521	501 (C)(3)	30,000.				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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) COALITION FOR RESPONSIBLE COMMUNITY DEVELOP 3101 SOUTH GRAND AVE LOS ANGELES, CA 90007	20-2445113	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(2) COLLEGE TRACK 2130 EAST 1ST STREET LOS ANGELES, CA 90033	94-3279613	501 (C)(3)	30,000.				EDUCATION
(3) COMMUNITIES IN SCHOOLS LA WEST 2000 AVE OF STARS, STE 803,LA, CA 90067	26-0404220	501 (C)(3)	30,000.				EDUCATION
(4) COMMUNITY ASSET DEVELOPMENT RE-DEFINING (CA 8410 SOUTH BROADWAY LOS ANGELES, CA 90003	26-4753821	501 (C)(3)	45,000.				EDUCATION
(5) COMMUNITY CAREER DEVELOPMENT, INC. 3550 WILSHIRE BLVD., STE 500, LA, CA 90010	23-7209115	501 (C)(3)	50,000.				ECONOMIC MOBILITY
(6) COMMUNITY COALITION FOR SUBSTANCE ABUSE PRE 8101 S. VERMONT AVENUE, LA, CA 90044	95-4298811	501 (C)(3)	50,000.				EDUCATION
(7) COMMUNITY DEVELOPMENT TECHNOLOGIES CENTER 520 WEST 23RD STREET LOS ANGELES, CA 90007	95-4546040	501 (C)(3)	40,000.				EDUCATION
(8) COMMUNITY PARTNERS 1000 N. ALAMEDA, STE 240, LA, CA 90012	95-4302067	501 (C)(3)	200,000.				HOUSING
(9) COMMUNITY RECOVERY TEAM INC 10035 BLOSSOM VALLEY RD. EL CAJON, CA 92021	26-2237161	501 (C)(3)	30,000.				ECONOMIC MOBILITY
(10) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, STE 2300 NEW YORK, NY 10006	13-3600232	501 (C)(3)	166,500.				HOUSING
(11) DIDI HIRSCH COMMUNITY 4760 S. SEPULVEDA BLVD CULVER CITY CA 90230	95-1816023	501 (C)(3)	50,000.				HOUSING
(12) DOOR OF HOPE 669 N LOS ROBLES AVE PASADENA, CA 91101	95-4044568	501 (C)(3)	34,188.				HOUSING

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) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY, INC.

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO ST. LOS ANGELES, CA 90013	31-1597223	501 (C)(3)	40,000.				HOUSING
(2) EAST LA COMMUNITY CORP 530 SOUTH BOYLE AVE. LOS ANGELES, CA 90033	95-4531076	501 (C)(3)	50,000.				ECONOMIC MOBILITY
(3) EDUCARE FOUNDATION 16134 WYANDOTTE ST. VAN NUYS, CA 91406	95-4285350	501 (C)(3)	30,000.				EDUCATION
(4) EDUCATORS 4 EXCELLENCE 448 S. HILL STREET LOS ANGELES, CA 90013	27-3382030	501 (C)(3)	62,500.				EDUCATION
(5) EL CENTRO DE AYUDA 1972 E. CESAR CHAVEZ LOS ANGELES, CA 90033	95-4563348	501 (C)(3)	77,500.				ECONOMIC MOBILITY
(6) ENTERPRISE COMMUNITY PARTNERS 600 WILSHIRE BLVD., STE 600, LA, CA 90017	52-1231931	501 (C)(3)	40,000.				HOUSING
(7) FAMILIES IN SCHOOLS 1545 WILSHIRE BLVD, STE 700, LA, CA 90017	95-4818894	501 (C)(3)	45,000.				EDUCATION
(8) FOOD SHARE 4156 SOUTHBANK ROAD OXNARD, CA 93036	77-0018162	501 (C)(3)	100,000.				ECONOMIC MOBILITY
(9) FULFILLMENT FUND 6100 WILSHIRE BLVD, STE 600, LA, CA 90048	95-3180934	501 (C)(3)	30,000.				EDUCATION
(10) GIRLS INC. OF CARPINTERIA 5315 FOOTHILL ROAD CARPINTERIA, CA 93013	23-7430292	501 (C)(3)	10,000.				ECONOMIC MOBILITY
(11) GREEN DOT PUBLIC SCHOOLS 1149 S HILL ST, STE 600, LA, CA 90015	95-4679811	501 (C)(3)	25,000.				EDUCATION
(12) HABITAT FOR HUMANITY OF VENTURA COUNTY, INC 1850 EASTMAN AVENUE OXNARD, CA 93030	77-0120376	501 (C)(3)	10,000.				ECONOMIC MOBILITY

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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) HARBOR INTERFAITH SERVICES, INC. 670 W NINTH STREET SAN PEDRO, CA 90731	33-0031099	501 (C)(3)	708,100.				HOUSING
(2) HATHAWAY - SYCAMORE 210 S. DELACEY, STE 110 PASADENA, CA 91105	95-1691005	501 (C)(3)	71,000.				HOUSING
(3) HEART OF LOS ANGELES YOUTH 2701 WILSHIRE BOULEVARD, LA, CA 90057	95-4397418	501 (C)(3)	40,000.				EDUCATION
(4) HOMELESS HEALTH CARE LOS ANGELES (UNITED HO) 2330 BEVERLY BLVD., LOS ANGELES, CA 90057	95-4074970	501 (C)(3)	150,000.				HOUSING
(5) IMAGINE LA 5455 WILSHIRE BLVD, STE 1001, LA, CA 90036	20-4637089	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(6) INNER CITY LAW CENTER 1309 E 7TH STREET LOS ANGELES, CA 90021	95-3697572	501 (C)(3)	40,000.				HOUSING
(7) INNERCITY STRUGGLE 124 N. TOWNSEND AVE LOS ANGELES, CA 90063	27-2133211	501 (C)(3)	50,000.				EDUCATION & HOUSING
(8) INSTITUTO DE EDUCACION POPULAR DEL SUR DE C 1565 WEST 14TH STREET LOS ANGELES, CA 90015	95-4431992	501 (C)(3)	18,000.				ECONOMIC MOBILITY
(9) INTERVAL HOUSE 6615 E PAC HWY, STE 170 LONG BEACH CA 90803	95-3389113	501 (C)(3)	30,000.				HOUSING
(10) JEWISH FREE LOAN ASSOCIATION 6505 WILSHIRE BLVD., STE 715, LA, CA 90048	95-1691014	501 (C)(3)	10,000.				ECONOMIC MOBILITY
(11) JEWISH VOCATIONAL SERVICES 6505 WILSHIRE BLVD., STE 700, LA, CA 90048	95-1691012	501 (C)(3)	50,000.				ECONOMIC MOBILITY
(12) KOREATOWN YOUTH AND COMMUNITY CENTER, INC. 3727 W. 6TH ST. SUITE 300, LA, CA 90020	95-3779389	501 (C)(3)	75,000.				EDUCATION & ECONOMIC MOBILITY

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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) L.A. FAMILY HOUSING CORPORATION 7843 LANKERSHIM BLVD N. HOLLYWOOD, CA 91605	95-3920560	501 (C)(3)	530,820.				HOUSING
(2) L.A. WORKS 570 WEST AVE 26, STE 400, LA, CA 90065	95-4329727	501 (C)(3)	23,735.				HOUSING
(3) LA PROMISE FUND (FORMERLY LA'S PROMISE) 202 W FIRST ST, STE 4-0160, LA, CA 90012	20-4562686	501 (C)(3)	30,000.				EDUCATION
(4) LA VOICE 760 S WESTMORELAND ST, #336, LA, CA 90005	95-4781974	501 (C)(3)	45,000.				EDUCATION
(5) LACER AFTERSHOOL PROGRAM 1277 WILCOX AVE, STE 2, LA, CA 90038	95-3890819	501 (C)(3)	30,000.				EDUCATION
(6) LAMP INC. 526 SAN PEDRO ST LOS ANGELES, CA 90013	95-3993742	501 (C)(3)	500,000.				HOUSING
(7) LATINO RESOURCE ORGANIZATION, INC. 610 CALIFORNIA AVENUE VENICE, CA 90291	95-3655201	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(8) LIFT, INC. 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	52-2168409	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(9) LOS ANGELES ALLIANCE FOR A NEW ECONOMY 464 LUCAS AVE., STE 202, LA, CA 90017	95-4459427	501 (C)(3)	35,000.				ECONOMIC MOBILITY
(10) LOS ANGELES BLACK WORKER CENTER 1000 NORTH ALAMEDA, STE 240, LA, CA 90012	95-4302067	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(11) LOS ANGELES EDUCATION PARTNERSHIP 1055 W 7TH ST, STE 200, LA, CA, 90017	95-3909218	501 (C)(3)	25,000.				EDUCATION
(12) LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DRIVE, LA, CA, 90008	95-1691288	501 (C)(3)	100,000.				EDUCATION & ECONOMIC MOBILITY

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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) MENTAL HEALTH AMERICA OF LOS ANGELES 100 W. B'WAY, STE 5010 LONG BEACH, CA 90802	95-1881491	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(2) MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIO 634 S. SPRING ST., 11TH FLR, LA, CA 90014	74-1563270	501 (C)(3)	45,000.				EDUCATION
(3) MEXICAN AMERICAN OPPORTUNITY FOUNDATION 401 N. GARFIELD AVE., MONTEBELLO, CA 90640	95-2594166	501 (C)(3)	50,000.				ECONOMIC MOBILITY
(4) MIGUEL CONTRERAS FOUNDATION 2130 JAMES M. WOOD BLVD., LA, CA 90006	27-1149852	501 (C)(3)	230,010.				ECONOMIC MOBILITY
(5) NATIONAL HEALTH FOUNDATION 515 S. FIGUEROA ST, STE 1300, LA, CA 90071	23-7314808	501 (C)(3)	75,000.				HOUSING
(6) P.F. BRESEE FOUNDATION 184 BIMINI PLACE LOS ANGELES, CA 90004	95-3797363	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(7) PACIFIC ASIAN CONSORTIUM EMPLOYMENT (PACE) 1055 WILSHIRE BLVD, STE 1475, LA, CA 90017	51-0192025	501 (C)(3)	40,000.				ECONOMIC MOBILITY
(8) PARA LOS NINOS 500 LUCAS AVENUE LOS ANGELES, CA 90017	95-3443276	501 (C)(3)	30,000.				EDUCATION
(9) PARENT INSTITUTE FOR QUALITY EDUCATION 825 COLORADO BLVD., STE 228, LA, CA, 90041	33-0259359	501 (C)(3)	30,000.				EDUCATION
(10) PARTNERSHIP FOR LA SCHOOLS 1541 WILSHIRE BLVD., STE 200, LA, CA 90017	26-1759681	501 (C)(3)	45,000.				EDUCATION
(11) PATH VENTURES 340 N. MADISON AVENUE LOS ANGELES, CA 90004	20-1892523	501 (C)(3)	50,000.				HOUSING
(12) PEOPLE ASSISTING THE HOMELESS (PATH) PARTNE 340 N MADISON AVENUE LOS ANGELES, CA 90004	95-3950196	501 (C)(3)	591,500.				HOUSING

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) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY, INC.

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) PROJECT GRAD LOS ANGELES 10200 SEPULVEDA BLVD MISSION HILLS CA 91345	95-4724314	501 (C)(3)	30,000.				EDUCATION
(2) PROYECTO PASTORAL 135 N. MISSION ROAD LOS ANGELES, CA 90033	95-3213958	501 (C)(3)	30,000.				EDUCATION
(3) PUBLIC COUNSEL 610 SOUTH ARDMORE AVE LOS ANGELES, CA 90005	23-7105149	501 (C)(3)	65,000.				EDUCATION & HOUSING
(4) PVJOBS (PLAYA VISTA JOB OPPORTUNITIES AND B 4112 S. MAIN STREET LOS ANGELES, CA 90037	95-4706948	501 (C)(3)	40,000.				ECONOMIC MOBILITY
(5) RAMON C. CORTINES SCHOOL OF VISUAL AND PERF 450 N GRAND AVE LOS ANGELES, CA 90012	95-6001908	501 (C)(3)	8,424.				EDUCATION
(6) SAFE PLACE FOR YOUTH (SPY) 2469 LINCOLN BLVD. VENICE, CA 90291	95-430-2067	501 (C)(3)	75,000.				HOUSING
(7) SHELTER PARTNERSHIP, INC. 520 S. GRAND AVE, STE 695, LA, CA 90071	95-3976214	501 (C)(3)	45,000.				HOUSING
(8) SHIELDS FOR FAMILIES PROJECT 11601 S WESTERN AVE LOS ANGELES, CA 90047	95-4336420	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(9) SINGLE ROOM OCCUPANCY HOUSING CORPORATION 1055 W. 7TH ST, STE 3250, LA, CA 90017	95-3909215	501 (C)(3)	135,000.				HOUSING
(10) SKID ROW HOUSING TRUST 1317 EAST 7TH STREET LOS ANGELES, CA 90021	95-4205316	501 (C)(3)	30,000.				HOUSING
(11) SOCIAL RESEARCH COUNCIL 1 PIERREPONT PLAZA, BROOKLYN NY 11201	13-1325070	501 (C)(3)	15,000.				HOUSING
(12) SOUTH ANTELOPE VALLEY 39139 10TH STREET E PALMDALE, CA 93550	26-1445699	501 (C)(3)	30,000.				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) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY, INC.

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) SOUTH BAY CENTER FOR COUNSELING 540 NORTH MARINE AVENUE, LA, CA 90744	23-7360521	501 (C)(3)	75,000.				EDUCATION & ECONOMIC MOBILITY
(2) SOUTHERN CALIFORNIA ASSOCIATION OF NONPROFI 501 SHATTO PLACE, STE 403, LA, CA 90020	95-4019655	501 (C)(3)	35,000.				HOUSING
(3) SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMDEA ST, STE 230, LA, CA 90012	95-2831058	501 (C)(3)	35,000.				HOUSING
(4) SPECIAL SERVICES FOR GROUPS, INC. 905 EAST 8TH STREET LOS ANGELES, CA 90021	95-1716914	501 (C)(3)	647,500.				HOUSING
(5) ST. JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501 (C)(3)	392,841.				HOUSING
(6) STREETLIGHTS, INC. 622 N VAN NESS AVE, HOLLYWOOD CA 90004	95-4499501	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(7) THE CENTER AT BLESSED SACRAMENT 6636 SELMA AVENUE LOS ANGELES, CA 90028	20-3022534	501 (C)(3)	75,000.				HOUSING
(8) THE SALVATION ARMY 180 E. OCEAN BLVD., LONG BEACH CA 90802	13-5562351	501 (C)(3)	40,000.				HOUSING
(9) THE VILLAGE FAMILY SERVICES 6736 LAUREL CANYON BLVD N HOLLYWOOD CA91606	95-4625826	501 (C)(3)	75,000.				HOUSING
(10) THE WHOLE CHILD-MENTAL HEALTH & HOUSING 10155 COLIMA ROAD WHITTIER, CA 90603	95-2031148	501 (C)(3)	40,000.				HOUSING
(11) THINK TOGETHER 2101 E. 4TH STREET SANTA ANA, CA 92705	33-0781751	501 (C)(3)	40,000.				EDUCATION
(12) UAW - LABOR EMPLOYMENT AND TRAINING CORP 3965 S. VERMONT AVENUE, LA, CA, 90037	95-3929756	501 (C)(3)	25,000.				ECONOMIC MOBILITY

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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY, INC.

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-2274801

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 noncash assistance	(h) Purpose of grant or assistance
(1) UNION STATION HOMELESS SERVICES 825 E. ORANGE GROVE BLVD. PASADENA CA 91104	95-3958741	501 (C)(3)	595,500.				HOUSING
(2) UNITE LA 350 S BIXEL ST, STE 200, LA, CA 90051	82-0576380	501 (C)(3)	40,000.				EDUCATION
(3) UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BLVD, STE 1955, LA, CA 90017	95-3665186	501 (C)(3)	30,000.				EDUCATION
(4) UNITED HOMELESS HEALTHCARE PARTNERS 2330 BEVERLY BOULEVARD, LA, CA 90057	95-4074970	501 (C)(3)	25,000.				HOUSING
(5) UNITED STATES VETERANS INITIATIVE 800 W. 6TH ST., STE 1505, LA, CA 90017	95-4382752	501 (C)(3)	50,000.				ECONOMIC MOBILITY
(6) UNITED WAY OF SANTA BARBARA COUNTY 320 E. GUTIERREZ ST. SANTA BARBARA CA 93101	95-1641968	501 (C)(3)	300,000.				ECONOMIC MOBILITY
(7) UNITED WAYS OF CALIFORNIA 1107 FAIR OAKS AVE #12, S PASADENA CA 91030	94-1646369	501 (C)(3)	97,004.				ECONOMIC MOBILITY
(8) UPWARD BOUND HOUSE 1104 WASHINGTON AVE. SANTA MONICA, CA 90403	95-4288926	501 (C)(3)	35,000.				HOUSING
(9) USC SOL PRICE CENTER FOR SOCIAL INNOVATION 635 DOWNEY WAY, 2ND FLR, LA, CA 90089	95-1642394	501 (C)(3)	50,000.				HOUSING
(10) VETERANS CAREER XCHANGE 17412 VENTURA BLVD, STE 218 ENCINO CA 91316	46-4927755	501 (C)(3)	20,000.				ECONOMIC MOBILITY
(11) VETERANS IN MEDIA & ENTERTAINMENT (FORMERLY 1237 S. CRESCENT HEIGHTS BLVD, LA, CA 90035	80-0805473	501 (C)(3)	25,000.				ECONOMIC MOBILITY
(12) VOLUNTEERS OF AMERICA LOS ANGELES 3600 WILSHIRE BLVD., STE 1500, LA, CA 90010	95-1691330	501 (C)(3)	109,500.				HOUSING & ECONOMIC MOBILITY

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) (2017)

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 noncash assistance	(h) Purpose of grant or assistance
(1) WATTS/WILLOWBROOK BOYS & GIRLS CLUB 1339 EAST 120TH ST. LOS ANGELES, CA 90059	95-1945829	501 (C)(3)	35,000.				EDUCATION
(2) WEST VALLEY BOYS & GIRLS CLUB 7245 REMMET AVENUE CANOGA PARK, CA 91303	95-4419365	501 (C)(3)	30,000.				EDUCATION
(3) WESTERN CENTER ON LAW AND PROVERTY 3701 WILSHIRE BLVD., STE 208, LA, CA 90010	95-2897721	501 (C)(3)	25,000.				HOUSING
(4) WOMEN IN NON TRADITION EMPLOYMENT ROLES, IN 3655 S. GRAND AVE, #210, LA, CA 90007	95-4513961	501 (C)(3)	35,000.				ECONOMIC MOBILITY
(5) WOODCRAFT RANGERS 340 E SECOND ST, STE 200, LA, CA 90012	95-1729319	501 (C)(3)	40,000.				EDUCATION
(6) YMCA OF GREATER LONG BEACH 525 EAST 7TH STREET LONG BEACH, CA 90813	95-1643396	501 (C)(3)	50,000.				EDUCATION
(7) YOUTH POLICY INSTITUTE 634 S. SPRING ST, 10TH FLR, LA, CA 90014	52-1278339	501 (C)(3)	55,000.				EDUCATION & ECONOMIC MOBILITY
(8) YWCA OF GREATER LOS ANGELES 1020 S OLIVE STREET LOS ANGELES, CA 90015	95-1652919	501 (C)(3)	50,000.				ECONOMIC MOBILITY
(9) YWCA OF SAN GABRIEL VALLEY 943 N. GRAND AVE. COVINA, CA 91724	95-1641967	501 (C)(3)	40,000.				HOUSING
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 141.

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

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

ALL GRANTEES ARE REQUIRED TO SUBMIT REPORTS TO US TWICE PER YEAR. THE GRANT PERIOD BEGINS ON JULY 1ST SO THE FIRST REPORT IS DUE BY JANUARY 15TH AND THE SECOND REPORT IS DUE 15 DAYS AFTER THE GRANT PERIOD IS OVER (JULY 15TH) IN ORDER FOR US TO RECEIVE FINAL RESULTS. THE REPORT INCLUDES QUANTITATIVE AND QUALITATIVE DATA REQUESTS. WE ALSO REQUIRE UPDATED FINANCIALS AND AUDIT REPORTS. UWGLA STAFF REVIEW THESE REPORTS TO ASCERTAIN PROGRESS AGAINST OBJECTIVES AND OUTCOMES IN EACH GRANTEE SCOPE OF WORK. AN ANALYSIS OF THE REPORT AGGREGATING ALL THE DATA IS PROVIDED TO THE COMMUNITY IMPACT CABINET (CIC) FOR THEIR REVIEW. ANY GRANTEE

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.

PERFORMANCE PROBLEMS ARE HIGHLIGHTED TO THE CIC WITH A STAFF PLAN ON HOW

THESE GRANTS WILL BE MONITORED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

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

2017

Open to Public
Inspection

Employer identification number

95-2274801

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.

☐
☐
☐
☐

First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account

☐
☐
☐
☐

Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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 filing 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.

☒
☒
☒

Compensation committee
Independent compensation consultant
Form 990 of other organizations

☐
☒
☒

Written employment contract
Compensation survey or study
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

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2017

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELISE BUIK PRESIDENT & CEO	(i)	322,754.	46,820.	2,316.	82,891.	24,487.	479,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LINING REZENDEZ VP, FINANCE	(i)	160,896.	9,365.	6,339.	16,124.	20,116.	212,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MILINDA MARTIN CHIEF OPERATING OFFICER	(i)	221,227.	14,825.	8,032.	7,147.	8,282.	259,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DEENA MARGOLIS VP, COMMUNITY IMPACT	(i)	143,398.	1,950.	4,607.	0.	11,658.	161,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JANET MORGAN DIRECTOR, MAJOR GIFTS	(i)	129,982.	5,000.	1,759.	3,087.	14,002.	153,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

THE ORGANIZATION HAS A BENEFIT RESTORATION PLAN (BRP) FOR ITS CURRENT CEO AND PRESIDENT, ELISE BUIK. THIS PLAN WAS APPROVED BY THE BOARD IN JULY 2008 AND \$25,000 WAS FUNDED TO A RABBI TRUST IN DECEMBER 2008. ADDITIONAL AMOUNT WAS FUNDED IN FISCAL YEAR 2018. THE \$24,938 ESTIMATED INCREASE IN THE VALUE OF THE PLAN IS REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II. MS. BUIK IS NOT VESTED AND THE PLAN DID NOT MAKE ANY DISTRIBUTIONS. THE BRP IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE AND THESE AMOUNTS MAY NEVER BE RECEIVED BY THE INDIVIDUAL. IF ANY AMOUNTS ARE PAID OUT UNDER THE BRP, THE AMOUNT WILL ALSO BE REPORTED AS COMPENSATION IN THE YEAR PAID. SEE SCHEDULE O FOR FURTHER DETAILS ON PERFORMANCE PAY.

**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 the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

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	37.	504,258.	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 IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

4822JM 700D

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

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN
COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-2274801

FORM 990, PART III, LINE 4

STATEMENT OF PURPOSE

WHAT WE DO - MOVE OUR MOST VULNERABLE NEIGHBORS OUT OF POVERTY BY:

1. MONITORING DATA.
2. INVESTING FUNDS.
3. EDUCATING, EMPOWERING, AND ACTIVATING PEOPLE.
4. FOCUSING ON SOLUTIONS, AGGREGATING RESOURCES AND IMPROVING SYSTEMS AND POLICIES.
5. MAXIMIZING EFFICIENCIES AND LEVERAGING ALIGNED NETWORKS IN ORDER TO CREATE THE MOST IMPACTFUL RESULTS IN THE AREAS OF HOUSING, EDUCATION AND ECONOMIC MOBILITY.

OUR THREE-YEAR GOALS

UNITED WAY OF GREATER LOS ANGELES (UWGLA) FOCUSES ON THREE PILLARS THAT ARE CRITICAL TO ADDRESSING POVERTY: HOUSING SOLUTIONS, EDUCATIONAL EQUITY, AND ECONOMIC MOBILITY. OVER THE NEXT THREE YEARS, UWGLA WILL FOCUS ON THE FOLLOWING GOALS:

1. INCREASE THE NUMBER OF STUDENTS OF COLOR WHO GRADUATE FROM HIGH SCHOOL PREPARED FOR COLLEGE AND A CAREER.
2. INCREASE TRANSFER AND COMPLETION RATES OF COMMUNITY COLLEGE STUDENTS.
3. PREVENT VULNERABLE FAMILIES AND INDIVIDUALS FROM FALLING INTO HOMELESSNESS.
4. REDUCE STREET AND CHRONIC HOMELESSNESS.
5. EXPAND THE PRODUCTION AND AVAILABILITY OF SUPPORTIVE HOUSING FOR OUR

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

MOST VULNERABLE HOMELESS NEIGHBORS.

6. INCREASE THE NUMBER OF VULNERABLE YOUTH AND ADULTS WHO OBTAIN
WORKPLACE SKILLS AND ARE CONNECTED TO JOBS.

7. BUILD ECONOMIC EQUITY ACROSS THE REGION BY INCREASING THE ASSETS AND
NET WORTH OF LOW-INCOME FAMILIES AND INDIVIDUALS.

8. EXPAND THE CIVIC ENGAGEMENT AND PARTICIPATION OF ALL INDIVIDUALS AND
FAMILIES, PARTICULARLY PEOPLE OF COLOR AND YOUTH, TO REDUCE POVERTY AND
INEQUITY.

SCALING SOLUTIONS

IMPROVING POLICY AND DRIVING SYSTEMS CHANGE IS A CRITICAL PART OF THE
WORK WE DO AT UNITED WAY. IN A REGION AS LARGE, COMPLEX, AND FRAGMENTED
AS LOS ANGELES COUNTY, SYSTEMS CHANGE IS THE ONLY WAY TO SCALE LONG-TERM
SOLUTIONS THAT TRULY BREAK THE CYCLE OF POVERTY. WE ADVOCATE FOR AND
INFLUENCE PUBLIC POLICY, DEMANDING SOLUTIONS THAT PROVIDE LASTING CHANGE
AND WE MAKE LONG-TERM COMMITMENTS TO IMPLEMENTING THEM. WE ALSO RESEARCH
SOCIAL PROBLEMS TO DELIVER DATA AND EVIDENCE-BASED SOLUTIONS THAT
DEMONSTRATE REAL OUTCOMES.

LEVERAGING PARTNERSHIPS

SOLVING COMPLEX PROBLEMS LIKE POVERTY CAN'T BE DONE BY THE POWER OF ONE -
IT REQUIRES THE POWER OF MANY. THAT'S WHY WE FOCUS ON BRINGING PEOPLE
TOGETHER TO WORK ON OUR REGION'S MOST DIFFICULT ISSUES. WE WORK ALONGSIDE
PUBLIC, PRIVATE, AND NON-PROFIT SECTORS TO TACKLE THE ROOT CAUSES OF
POVERTY, AND WE BUILD ON PROGRAMS AND STRATEGIES THAT IMPACT AND

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

INFLUENCE A GREATER NUMBER OF NEIGHBORS AND COMMUNITIES.

MAKING COMMUNITY IMPACT

THROUGH OUR GRANTS, WE INVEST IN LOCAL NONPROFITS AND PROGRAMS WHICH WILL HAVE THE GREATEST IMPACT IN REACHING OUR GOALS TO END POVERTY, EXPANDING THEIR RESOURCES TO MEET THE NEEDS OF THE MOST VULNERABLE PEOPLE IN OUR COMMUNITIES. WE ANNUALLY INVEST IN APPROXIMATELY 150 HIGH-PERFORMING NONPROFIT PARTNERS ALIGNED WITH THE GOALS IN OUR THREE PILLARS.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACTIVITY - ENDING HOMELESS THROUGH HOUSING STABILITY.

GOAL

CREATE AND SUSTAIN AN END TO HOMELESSNESS.

OUR WORK AND RESULTS

IN 2018, UNITED WAY OF GREATER LOS ANGELES CREATED A MOVEMENT TO END HOMELESSNESS. BRINGING TOGETHER A DIVERSE COALITION OF NONPROFITS, COMMUNITY LEADERS AND DONORS TO BUILD A GRASSROOTS-TO-GRASSTOPS EDUCATION, THE EVERYONE IN CAMPAIGN ENGAGES COMMUNITIES AND ACTIVATES INDIVIDUALS.

SINCE ITS INCEPTION, EVERYONE IN IS DRIVING THE CONVERSATION ABOUT PERMANENT SOLUTIONS TO HOMELESSNESS, AND ACTIVATING TENS OF THOUSANDS OF PEOPLE TO ADVOCATE FOR REAL HOUSING SOLUTIONS IN THEIR NEIGHBORHOODS.

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

EVERYONE IN CAMPAIGN ORGANIZERS KNOCK ON DOORS, ACTIVATING AND TRAINING OTHERS TO DO THE SAME. WITH THE PARTNERSHIP OF JOHN AND MARILYN WELLS FAMILY FOUNDATION, UNITED WAY CO-HOSTS A SERIES OF STORYTELLING EVENTS CALLED EVERYONE IN: STORIES FROM THE FRONTLINE. ADDITIONALLY WE HOST POP-UP EVENTS CENTERED AROUND EDUCATION AND RESOURCES.

THROUGH UNITED WAY OF GREATER LOS ANGELES'S HOME FOR GOOD INITIATIVE, LAUNCHED IN 2010 WITH THE LOS ANGELES AREA CHAMBER OF COMMERCE AND POWERED BY THE PARTNERSHIP OF OVER 200 CROSS-SECTOR LEADERS, WE HAVE HOUSED OVER 40,000 PEOPLE WHO WERE EXPERIENCING HOMELESSNESS.

BEGINNING IN 2007, WE HOST HOMEWALK, AN ANNUAL 5K FAMILY RUN/WALK THAT RAISES FUNDS AND AWARENESS AROUND ENDING HOMELESSNESS, MOBILIZING OVER 100,000 WALKERS AND RAISING \$8.6M OVER ITS HISTORY. THROUGH HOMEWALK WE HAVE TRANSFORMED 19,000 LIVES WITH THE STABILITY OF A HOME. HOMEWALK IS NOW THE LARGEST PUBLIC EVENT TO END HOMELESSNESS IN THE NATION.

UNITED WAY OF GREATER LOS ANGELES LED THE CAMPAIGN TO PASS PROP HHH, THE MOST SIGNIFICANT EFFORT TO END HOMELESSNESS. THE MEASURE PASSED BY AN OVERWHELMINGLY 77 PERCENT OF VOTERS, AND WILL RAISE \$1.2 BILLION TO CREATE 10,000 UNITS OF PERMANENT SUPPORTIVE HOUSING - ENOUGH TO HOUSE ALL OF OUR CHRONICALLY HOMELESS IN THE CITY OF LOS ANGELES.

UNITED WAY OF GREATER LOS ANGELES HELPED DEVELOP THE COORDINATED ENTRY SYSTEM (CES) PLATFORM THAT CONNECTS SERVICE AGENCIES TO DELIVER HOUSING

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

RESOURCES TO THE PEOPLE WHO NEED IT MOST. PILOTED IN 2011, CES OPERATES IN ALL AREAS OF LOS ANGELES COUNTY THROUGH THE SUPPORT AND COORDINATION OF OVER 100 LOCAL SERVICE PROVIDERS. CES NOW SERVES AS A NATIONAL MODEL IN 25 U.S. CITIES.

UNITED WAY CREATED A CENTRAL TABLE TO POOL AND ALIGN PUBLIC AND PILOT RESOURCES TO END HOMELESSNESS. SPARKED BY A \$1 MILLION CHALLENGE GRANT FROM THE CONRAD N. HILTON FOUNDATION, WE GATHERED LOCAL FUNDERS TO INVEST PRIVATE DOLLARS TO TEST AND PROVE SOLUTIONS THAT COULD BE SCALED AND SUSTAINED THROUGH PUBLIC RESOURCES. THIS COLLABORATIVE NOW HAS 70 PARTNERS.

ADDITIONALLY, PLEASE REFER TO OUR ONLINE 10-YEAR RETROSPECTIVE 2007-2018 AT UNITEDWAYLA.ORG/IMPACTREPORT2019

FORM 990, PART III, LINE 4B

PROGRAM SERVICE ACTIVITY - HELPING STUDENTS GRADUATE AND PREPARE FOR COLLEGE AND CAREERS

GOAL

INCREASE THE HIGH SCHOOL GRADUATION, ENSURING ALL STUDENTS GRADUATE ARE PREPARED FOR COLLEGE AND CAREERS.

OUR WORK AND RESULTS

2007 STATISTICS

- COUNTYWIDE: 76% GRAD RATE; 40% A-G COMPLETIONS WITH A C OR BETTER

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

CLASS OF 2018 STATISTICS (CALIFORNIA DEPARTMENT OF EDUCATION, L.A.
COUNTY, DATAQUEST)

- COUNTYWIDE: 82% GRAD RATE, 56% A-G COMPLETIONS WITH A C OR BETTER

SERVICE DELIVERY

- 72K WORK-BASED LEARNING OPPORTUNITIES CREATED

THE YOUNG CIVIC LEADER PROGRAM (YCLP) IS A LEADERSHIP DEVELOPMENT PROGRAM THAT RECRUITS LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD) HIGH SCHOOL STUDENT LEADERS TO BECOME UNITED WAY AMBASSADORS ALONG THREE TRACKS: LEAD, ADVOCATE, AND ENGAGE. THE PROGRAM EMPOWERS STUDENT VOICES AND STUDENT LEADERS VIA SOCIAL JUSTICE AND PROJECT BASED ADVOCACY WORK. THE YCLP IS A PIECE OF OUR DYNAMIC EFFORTS TO ENGAGE THOSE MOST IMPACTED BY EDUCATION POLICY AND TO DEVELOP SOLUTIONS THAT CAN INCREASE THE NUMBER OF LAUSD STUDENTS THAT ARE COLLEGE-ELIGIBLE AND CAREER READY.

ADDITIONALLY, SINCE 2015, OUR YOUNG CIVIC LEADERS HAVE CREATED, LED AND MODERATED NUMEROUS BOARD OF EDUCATION CANDIDATE FORUMS WHERE THEY EXCHANGE VIEWS AND ASSERT THEIR PRIORITIES TO LAUSD CANDIDATES RUNNING FOR ELECTION. STUDENTS ARE DIRECTLY IMPACTED BY LAUSD BOARD DECISIONS. THE LAUSD CANDIDATE FORUMS ARE AN OPPORTUNITY FOR LOS ANGELES STUDENTS TO EXCHANGE VIEWS, ASSERT THEIR PRIORITIES TO THE CANDIDATES, AND SHINE A SPOTLIGHT ON CRITICAL SCHOOL BOARD RACES.

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

CLASS (COMMUNITIES FOR LOS ANGELES STUDENT SUCCESS) IS UNITED WAY' OF GREATER LOS ANGELES' EDUCATIONAL JUSTICE COALITION OF NONPROFIT ADVOCACY AND COMMUNITY ORGANIZATIONS. WE HAVE FOUGHT FOR KEY POLICY CHANGES AND EQUITABLE SCHOOL EXPERIENCES FOR ALL LAUSD STUDENTS. A PRIMARY FOCUS FOR UNITED WAY OVER THE LAST 10 YEARS, AND OF CLASS SINCE IT BEGAN SEVERAL YEARS AGO, HAS BEEN EQUITY IN ACCESS TO QUALITY A-G COURSES AND STUDENTS' COMPLETION OF THESE COURSES WITH A C OR BETTER. THE LAUSD SCHOOL BOARD CURRENTLY HAS A GRADUATION REQUIREMENT THAT STUDENTS COMPLETE THEIR A-G COURSES WITH A D OR BETTER, AND OUR COALITION IS WORKING TO RAISE THE BAR FOR STUDENTS AND SCHOOLS, SO THAT MORE YOUNG PEOPLE CAN APPLY AND SUCCEED IN COLLEGE AND 21ST CENTURY CAREERS. THE COALITION, UNDER THE LEADERSHIP OF UNITED WAY, HAS ALSO DEMANDED INCREASED EQUITY IN SCHOOL DISTRICT BUDGETING AND GREATER TRANSPARENCY AND ACCOUNTABILITY OF LAUSD'S LEADERSHIP.

IN 2018, UNITED WAY ACTIVATED LEADERS AND POLICYMAKERS TO COLLABORATE TO INTRODUCE AND PASS A GROUNDBREAKING BOARD OF EDUCATION RESOLUTION FOR EDUCATIONAL EQUITY. THE "CLOSE THE GAP" RESOLUTION SETS EDUCATION ACHIEVEMENT BENCHMARKS, MANDATES KEY SYSTEMIC SOLUTIONS TO IMPROVE TEACHING CAPACITY AND ENSURES EQUITABLE ACCESS TO RESOURCES FOR OUR LOWER-INCOME STUDENT SO THEY ARE WELL-EQUIPPED FOR THE FUTURE.

THESE STRATEGIC GRASSROOTS EFFORTS HAVE ENGAGED THOUSANDS OF INDIVIDUALS IN TRAININGS AND ADVOCACY, AND SECURED FUNDING TO ENSURE RESOURCES ARE INVESTED INTO PROPER COLLEGE- AND CAREER-READY SUPPORT PROGRAMS AMONG

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

SCHOOLS WITH THE HIGHEST NEED.

THE PASSAGE OF LCFF (LOCAL CONTROL FUNDING FORMULA) PRESENTS A TREMENDOUS OPPORTUNITY TO UNDERSERVED STUDENTS IN OUR LOCAL SCHOOLS (STUDENTS IN FOSTER CARE, ENGLISH LANGUAGE LEARNERS, AND STUDENTS EXPERIENCING HOMELESSNESS). SCHOOLS ARE REQUIRED TO GO THROUGH A COMMUNITY FEEDBACK PROCESS THAT WILL SHAPE THE USE OF LOCAL DOLLARS. WE HAVE HELD COMMUNITY TOWN HALLS AND FORUMS FOR PARENTS TO PROVIDE INPUT IN THIS PROCESS, AND WE PUBLISH AN LCFF REPORT CARD THAT BREAKS DOWN LAUSD'S EFFECTIVENESS AND SHORTFALLS IN IMPLEMENTING LCFF DOLLARS TO IMPROVE HIGH-NEED STUDENT OUTCOMES.

UNITED WAY OF GREATER LOS ANGELES AND THE COMMUNITIES FOR LOS ANGELES STUDENT SUCCESS (CLASS) COALITION LAUNCHED THE PARENT ENGAGEMENT TOOLKIT, AIMED AT HELPING PARENTS NAVIGATE THE COMPLEX LAUSD SYSTEM, AND DETERMINE IF THEIR SCHOOL IS ADEQUATELY SUPPORTING THEIR CHILD TOWARD GRADUATION, COLLEGE AND CAREER. THE FOCUS OF THE TOOLKIT, DESIGNED BY UNITED WAY, IS TO HELP STRENGTHEN AND SUPPORT PARENT-PRINCIPAL PARTNERSHIPS, CREATE A SYSTEM-WIDE CONVERSATION ABOUT INADEQUATE FUNDING FOR HIGH-NEED STUDENT POPULATIONS, AND ENCOURAGE SCHOOL SITES TO RETHINK BUDGET ALLOCATIONS. THE FREE PRINTED AND DOWNLOADABLE GUIDE IS AVAILABLE IN ENGLISH AND SPANISH. COPIES OF THE FREE PARENT ENGAGEMENT TOOLKIT HAVE BEEN DISTRIBUTED TO PARENTS AND COMMUNITY ORGANIZATIONS.

ADDITIONALLY, PLEASE REFER TO OUR ONLINE 10-YEAR RETROSPECTIVE 2007-2018

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

AT UNITEDWAYLA.ORG/IMPACTREPORT2019

FORM 990, PART III, LINE 4C

PROGRAM SERVICE ACTIVITY - ENSURING ECONOMIC MOBILITY THROUGH JOBS AND
FINANCIAL COACHING.

GOAL

BREAK THE CYCLE OF INTERGENERATION POVERTY.

OUR WORK AND RESULTS

40% OF HOUSEHOLDS IN L.A. COUNTY HAVE AN INSUFFICIENT FINANCIAL CUSHION
TO SUBSIST AT THE POVERTY LEVEL FOR THREE MONTHS. THE AMOUNT OF TIME
EXPERTS HAVE AGREED THAT A FAMILY NEEDS TO RECOVER FROM A LOSS OF
INCOME.

20% OF HOUSEHOLDS IN L.A. COUNTY ARE ESTIMATED TO HAVE ZERO NET WORTH.

- 2018 PROSPERITY NOW SCORECARD

SINCE 2016, MORE THAN 19,400 HOUSEHOLDS HAVE RECEIVED ASSISTANCE WITH
BASIC HOUSEHOLD NECESSITIES.

THROUGH 2017 TO 2018, UNITED WAY OF GREATER LOS ANGELES HELPED DISTRIBUTE
OVER \$5 MILLION IN RESOURCES TO VULNERABLE HOUSEHOLDS IN L.A. COUNTY.

UTILITY ASSISTANCE

IN 2018, UNITED WAY LAUNCHED AN INNOVATIVE PILOT PROGRAM CALLED

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

SUBSIDIZED HOUSING ASSISTANCE RELIEF FOR ENERGY (SHARE) WITH SOUTHERN CALIFORNIA EDISON AND SOCALGAS TO PROVIDE FUNDS TO COVER A HOUSEHOLD'S UNPAID ACCOUNTS, CLEARING THEM FOR APPROVAL TO SUBSIDIZED HOUSING.

TAX PREPARATION

UNITED WAY HELPS FAMILIES FILE THEIR TAXES FOR FREE AND TAKE ADVANTAGE OF THE EARNED INCOME TAX CREDIT (EITC). MANY HOUSEHOLDS ARE ELIGIBLE FOR THE INCOME-BASED EITC, BUT MOST ARE NOT AWARE OF THE OPPORTUNITY, LEAVING HUNDREDS OF MILLIONS OF DOLLARS UNCLAIMED EACH YEAR.

SINCE 2007, WE HAVE BEEN A LEADER IN PROMOTING THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) AND BEGAN TRAINING VOLUNTEERS AND COORDINATING LOCATIONS SO THAT QUALIFYING FAMILIES CAN GET THE RETURNS THAT THEY DESERVE. WE ALSO LAUNCHED A COMMUNICATIONS CAMPAIGN TO SPREAD AWARENESS ABOUT THE CREDIT AND SUCCESSFULLY ADVOCATED FOR THE PASSAGE OF THE CALEITC, A STATE INCOME-BASED TAX CREDIT.

IN 2009, WE CO-CREATED A COALITION, FREE TAX PREP LA, THAT BUILDS SYNERGIES BETWEEN GOVERNMENT, BUSINESS PARTNERS AND LOCAL NONPROFIT ORGANIZATIONS.

UNITED WAY-SUPPORTED ORGANIZATIONS FILED MORE THAN 9,000 RETURNS AND SECURED NEARLY \$11.5 MILLION FOR LOW-INCOME FAMILIES THROUGH FREE TAX ASSISTANCE SINCE 2016.

Name of the organization

UNITED WAY, INC.

Employer identification number

95-2274801

FINANCIAL COACHING

SINCE 2007, WE HAVE SUPPORTED THE DEVELOPMENT AND EXPANSION OF FINANCIAL COACHING PROGRAMS. THESE HELP INDIVIDUALS AND FAMILIES MAKE THE BEST USE OF THEIR INCOMES, SO THAT THEY CAN ACHIEVE ECONOMIC STABILITY AND START ON THE PATHWAY TO PROSPERITY.

DISASTER RECOVERY

UNITED WAY CREATED PARTNERSHIPS AND GATHERED THE COMMUNITY TO ASSIST NEIGHBORS AFFECTED BY FIRES AND MUDSLIDES RAISING OVER \$3.5 MILLION SINCE 2017. WE RAISED FUNDS TO POWER THE EFFORTS OF LOCAL ORGANIZATIONS THAT MEET EMERGENCY NEEDS AND THAT ASSIST WITH LONGER-TERM ECONOMIC, EMOTIONAL, AND HOUSING SUPPORT; HOME AND NEIGHBORHOOD IMPROVEMENTS; AND FUTURE DISASTER PREPARATION.

FOR 2017 WILDFIRES AND MUDSLIDES, UNITED WAY MOBILIZED THE COMMUNITY TO RAISE \$800,000 DOLLARS AND PARTNERED WITH ORGANIZATIONS ON THE GROUND TO HELP 2,000 LOW-INCOME HOUSEHOLDS RECOVER FROM THE DISASTERS.

WHEN OUR COMMUNITIES WERE HIT BY THE HILL AND WOOLSEY FIRES, WE PARTNERED WITH THE LOS ANGELES RAMS, CBS 2/KCAL 9 ON A 12-HOUR FIRE RELIEF FUNDRAISER THAT RAISED OVER \$1 MILLION. WE CONTINUED OUR EFFORTS WITH BENEFIT CONCERTS AND A COMMUNICATION CAMPAIGN, ULTIMATELY RAISING MORE THAN \$2.7 MILLION TO HELP AFFECTED LOW-INCOME NEIGHBORS RECOVER FOR THE LONG TERM.

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

ADDITIONALLY, PLEASE REFER TO OUR ONLINE 10-YEAR RETROSPECTIVE 2007-2018
AT UNITEDWAYLA.ORG/IMPACTREPORT2019

FORM 990, PART VI, LINE 4D

OTHER PROGRAM SERVICES - DESIGNATIONS TO OTHER NONPROFIT ORGANIZATIONS:

ON BEHALF OF ITS DONORS, UNITED WAY PROCESSED \$17,350,871 IN DESIGNATIONS
TO OTHER NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11B

ONCE THE FORM 990 HAS BEEN COMPLETED BY STAFF AND REVIEWED BY
PROFESSIONAL TAX PREPARERS, THE DOCUMENT WAS SENT ELECTRONICALLY ON APRIL
16, 2019 TO THE MEMBERS OF THE AUDIT COMMITTEE. THE COMMITTEE MEMBERS
REVIEWED THE DOCUMENT AS PART OF A MEETING ON APRIL 18, 2019. THE
COMMITTEE THEN REVIEWED AND ACCEPTED THE DOCUMENT. THE FORM 990 WAS THEN
SENT ELECTRONICALLY TO EACH BOARD MEMBER. THE FORM 990 IS SCHEDULED TO BE
FILED BY MAY 15, 2019.

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

ANNUALLY, BOARD MEMBERS AND MEMBERS OF CERTAIN COMMITTEES ARE PROVIDED A
COPY OF THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE THAT ELICITS
RESPONSES TO A VARIETY OF QUESTIONS RELATED TO ANY ACTUAL OR PERCEIVED
CONFLICTS OF INTEREST IN THEIR ROLE. THE QUESTIONNAIRES ARE REVIEWED AND
ANY POTENTIAL CONFLICTS ARE DISCUSSED AND FURTHER DOCUMENTED. IN THE VERY
LIMITED NUMBER OF CASES WHERE A BOARD MEMBER OF THE FIRMS THAT THEY
REPRESENT ARE PAID FOR SERVICES, THE BOARD APPROVES THE POTENTIAL
CONFLICT OF INTEREST. IN THE CASES WHERE A BOARD MEMBER HAS A

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

RELATIONSHIP WITH AN ORGANIZATION THAT RECEIVES GRANT FUNDING FROM UNITED WAY, THE BOARD MEMBER RECUSES HERSELF/HIMSELF FROM ANY DISCUSSIONS RELATED TO THE POTENTIAL CONFLICT OF INTEREST. STAFF RECEIVE AND SIGN THE SAME POLICY AND QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

UNITED WAY OF GREATER LOS ANGELES

THE HUMAN RESOURCES COMMITTEE, OF THE BOARD OF UNITED WAY OF GREATER LOS ANGELES, AIMS TO FULLY DISCLOSE THE COMPENSATION PAID OUT IN AN OPEN AND TRANSPARENT MANNER WHICH IS CONSISTENT WITH BEST PRACTICES, APPLICABLE REGULATORY REQUIREMENTS, AND ESTABLISHES A "REBUTTABLE PRESUMPTION" OF REASONABLENESS. TO THAT END, THIS REPORT PROVIDES INFORMATION ON UNITED WAY OF GREATER LOS ANGELES' GOVERNANCE AND OVERSIGHT OF EXECUTIVE COMPENSATION AND GENERAL COMPENSATION PHILOSOPHY.

GENERAL COMPENSATION PHILOSOPHY

THE PRIMARY OBJECTIVE OF UWGLA'S COMPENSATION POLICY IS TO PROVIDE REASONABLE AND COMPETITIVE TOTAL COMPENSATION OPPORTUNITIES FOR EXECUTIVES, CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO:

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

- PROVIDE BASE COMPENSATION AT THE MEDIAN OF THE LOCAL MARKET, OR NATIONAL MARKET DEPENDING ON THE NATURE OF THE EXECUTIVE POSITION
- PROVIDE TOTAL COMPENSATION POTENTIAL TO BE AROUND THE 75TH PERCENTILE THROUGH ITS VARIABLE PERFORMANCE PAY PLAN
- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS
- ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH CALIBER EXECUTIVES
- PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS
- BALANCE THE NEED TO BE COMPETITIVE WITHIN THE LIMITS OF AVAILABLE FINANCIAL RESOURCES
- ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE
- ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND, AND ADMINISTER
- ENSURE THE PROGRAM COMPLIES WITH STATE AND FEDERAL REGULATIONS, IS CONSISTENT, AND FREE OF DISCRIMINATION

IN ORDER TO REINFORCE PAY-FOR-PERFORMANCE AND TO ENSURE A FOCUS ON THE UWGLA MISSION, THE HUMAN RESOURCES COMMITTEE (HR COMMITTEE) BELIEVES A PORTION OF EXECUTIVE COMPENSATION SHOULD BE VARIABLE AND TIED TO PERFORMANCE. AS SUCH, THE HR COMMITTEE HAS INSTITUTED A PERFORMANCE PAY PLAN, WHICH PROVIDES THE CEO, OTHER CHIEF OFFICERS, AND VICE PRESIDENTS THE OPPORTUNITY TO EARN PERFORMANCE AWARDS BASED ON SUCCESSFULLY PRODUCING THE RESULTS DETERMINED ANNUALLY IN UWGLA'S PERFORMANCE SCORECARD. THE ANNUAL GOALS, WHICH FORM THE SCORECARD, ARE TIED DIRECTLY TO THE MISSION OF CREATING PATHWAYS OUT OF POVERTY AND LONG-TERM ORGANIZATIONAL GOALS.

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

THE HR COMMITTEE STRIVES TO PROVIDE MARKET COMPETITIVE BASE SALARIES FOR COMPARABLE POSITIONS AND PERIODICALLY COMMISSIONS AN INDEPENDENT CONSULTING FIRM TO REVIEW CEO, OTHER CHIEF OFFICERS, AND VICE PRESIDENTS' COMPENSATION TO ENSURE THE COMPENSATION PROGRAMS AND LEVELS REFLECT THE COMMITTEE'S COMMITMENT TO ALIGN COMPENSATION WITH ORGANIZATION GOALS, OBJECTIVES, AND PERFORMANCE. IN THOSE YEARS WHERE AN INDEPENDENT CONSULTANT IS NOT ENGAGED, THE HUMAN RESOURCES COMMITTEE RELIES ON GENERAL MARKET CONDITIONS TO MAKE ANY CHANGES TO THE EXECUTIVE COMPENSATION PROGRAM.

ON AN ANNUAL BASIS, THE COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE CEO AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY ADJUSTMENTS TO THIS COMPENSATION AND BENEFITS, INCLUDING INCENTIVE OR PERFORMANCE PAY AWARDS. THE COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE FULL BOARD FOR APPROVAL ANY NEW COMPENSATION OR BENEFITS PLANS OR PROGRAMS, OR ANY CHANGES TO EXISTING PLANS AND PROGRAMS THAT RELATE TO THE CEO, OTHER CHIEF OFFICERS OR THE VICE PRESIDENTS.

FORM 990, PART VI, SECTION C, LINE 19
ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE. WE MAKE OUR CONFLICT OF INTEREST POLICY AND BYLAWS AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A:

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
--	--

DUE TO THE DEPARTURE OF THE VICE PRESIDENT, DEVELOPMENT, UNITED WAY
ENGAGED SERVICES FROM A BOARD MEMBER, ERIKA ANDERSON, DURING THE CRITICAL
FALL FUNDRAISING CAMPAIGN SEASON

FORM 990, PART XI, LINE 9

CHANGE IN ADDITIONAL PENSION LIABILITY - UNITED WAY HAS A DEFINED
BENEFIT, NONCONTRIBUTORY PENSION PLAN COVERING SUBSTANTIALLY ALL OF ITS
REGULAR EMPLOYEES. ACCOUNTING STANDARDS CODIFICATION TOPIC 715 REQUIRES
EMPLOYERS TO RECOGNIZE NON-CASH PERIODIC PENSION EXPENSE, CHANGES IN THE
OVERFUNDED STATUS AND ACTUARIAL VALUATION OF THE PLAN IN THE YEAR IN
WHICH THE EXPENSE AND CHANGES OCCUR THROUGH CHANGES IN NET ASSETS. THAT
AMOUNT WAS \$1,772,883 IN THE CURRENT YEAR.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
DESIGNATIONS TO OTHER NONPROFIT ORGANIZATIONS	17,350,871.	17,350,871.	274,680.
TOTALS	<u>17,350,871.</u>	<u>17,350,871.</u>	<u>274,680.</u>

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAL WARWICK ASSOCIATES 2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710	DIR MAIL FUNDRAISING	392,834.
VERITIMO, INC. 16843 LA VEDA AVENUE CANYON COUNTRY, CA 91387	IT MANAGEMENT	374,536.

Name of the organization UNITED WAY, INC.	Employer identification number 95-2274801
ATTACHMENT 2 (CONT'D)	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MZA EVENTS 3550 WILSHIRE BOULEVARD SUITE 890 LOS ANGELES, CA 90010	EVENT PRODUCTION	227,648.
BLUE GARNET 8055 W. MANCHESTER AVE., SUITE 430 PLAYA DEL REY, CA 90293	STRATEGIC PLANNING	209,000.
GRANT THORNTON LLP 515 S. FLOWER STREET, 7TH FLOOR LOS ANGELES, CA 90071	AUDIT & TAX SERVICE	165,758.