Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

Form **990** (2019)

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20 D Employer identification number C Name of organization B Check if applicable: UNITED WAY OF SAN DIEGO COUNTY 95-2213995 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 4699 MURPHY CANYON ROAD (858) 492-2000Initial return City or town, state or province, country, and ZIP or foreign postal code Amended SAN DIEGO, CA 92123 G Gross receipts \$ 13,223,885. return Application pending NANCY L SASAKI F Name and address of principal officer: H(a) Is this a group return for Yes Χ Nο subordinates' 4699 MURPHY CANYON ROAD, SAN DIEGO, Yes No H(b) Are all subordinates included? X | 501(c)(3) Tax-exempt status: 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.UWSD.ORG H(c) Group exemption number L Year of formation: 1973 M State of legal domicile: Form of organization: | X | Corporation CA Other > Summary 1 Briefly describe the organization's mission or most significant activities: TO SPARK BREAKTHROUGH COMMUNITY ACTION THAT ELEVATES EVERY CHILD AND FAMILY TOWARD A BRIGHTER FUTURE. Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 21. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 21. 50. Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 648. 0. 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 **Current Year** Contributions and grants (Part VIII, line 1h) 8,292,971. 11,172,151. **COPY FOR** 150,337. 140,009. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 166,106. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 244,571. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 126,292. 165,106. 11 11,643,372. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,814,171. 12 471,898. 3,330,772. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 3,247,657. 3,434,963. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 49,476. 16,677. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ 4,723,382. 4,826,216. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,492,413. 11,608,628. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 321,758. 34,744. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 14,611,671. 13,563,774. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 1,703,231. 2,640,759. 21 11,860,543. 11,970,912. 22 Net assets or fund balances. Subtract line 21 from line 20. 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 Signature of officer Date Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date Check Paid JOANNA JOHNSTON 02/02/2021 self-employed P01075079 Preparer ▶ BDO USA, LLP Firm's EIN ▶ 13-5381590 Firm's name **Use Only** 801-269-1818 Firm's address > 299 S MAIN ST, 10TH FLOOR SALT LAKE CITY, UT 84111 May the IRS discuss this return with the preparer shown above? (see instructions) X | Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa		t of Program Service Accomplishments	X
_		Schedule O contains a response or note to any line in this Part III	. [^
1		organization's mission:	
		KTHROUGH COMMUNITY ACTION THAT ELEVATES EVERY CHILD AND A BRIGHTER FUTURE.	
	FAMILI IOWARD	A BRIGHTER FUTURE.	
	Did the organization	on undertake any significant program services during the year which were not listed on the	
-			X No
		ese new services on Schedule O.	
3		ion cease conducting, or make significant changes in how it conducts, any program	
-			X No
		ese changes on Schedule O.	
4		nization's program service accomplishments for each of its three largest program services, as measure	
		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		_) (Expenses \$1,250,391including grants of \$4,200) (Revenue \$)	
		PROVES LIVES BY COLLABORATING WITH COMMUNITY PARTNERS ND WORK ON THE ROOT CAUSES OF OUR MOST SIGNIFICANT	
		UES WITH A SPECIFIC FOCUS ON EDUCATION AND FAMILY	
	STABILITY.	OES WITH A SPECIFIC FOCUS ON EDUCATION AND FAMILI	
		GETHER WITH COMMUNITY STAKEHOLDERS, WE ADDRESS THE	
		OF ISSUES THAT AFFECT CHILDREN FROM LEARNING AND	
		ESS TO REACHING THEIR FULL POTENTIAL. UNITED WAY	
		ER PARTNERS - BUSINESS, GOVERNMENT, SCHOOLS,	
		ND NON-PROFIT ORGANIZATIONS - WHO INDIVIDUALLY DO	
		T WHEN ALIGNED, CAN COLLECTIVELY ACHIEVE LASTING	
	CHANGECONT	INUED ON SCHEDULE O	
4b) (Expenses \$4,175,603. including grants of \$3,316,572.) (Revenue \$)	
		ITY: UNIONS UNITED IS A PARTNERSHIP BETWEEN UNITED	
		IO. OVER 3,700 INDIVIDUALS AND THEIR FAMILIES IN NEED	
		D WITH RENT, MORTGAGE, UTILITIES, FOOD,	
		N AND MEDICAL EXPENSES. THROUGH UNITED WAY LED EARNED	
		ITC) COALITION'S EFFORTS, 25,250 HOUSEHOLDS RECEIVED	
		AL AND STATE REFUNDS, INCLUDING 7,234 HOUSEHOLDS WHO \$14M IN FEDERAL EITC. THE COUNTME2020 CENSUS	
		EDUCATION COALITION WORKED WITH OVER 150 CONTRACT AND	
		IZATIONS TO PROVIDE OVER 3,000 TOTAL ACTIVITIES	
		N DIEGO AND IMPERIAL COUNTIESCONTINUED ON SCHEDULE	
	0	N DIEGO AND IMIERIAL COUNTIESCONTINUED ON SCHEDULE	
	<u> </u>		
4c	Code:) (Expenses \$ 3,505,551. including grants of \$ 10,000.) (Revenue \$ 140,009.)	
	,	OVER \$3.1M IS COLLECTED AND DISTRIBUTED TO AGENCIES	
	AND ORGANIZAT	IONS THROUGHOUT SAN DIEGO COUNTY AND THROUGHOUT THE	
	COUNTRY. THES	E ARE FUNDS THAT HAVE BEEN DESIGNATED BY DONORS TO	
	SPECIFIC AGEN	CIES AND ORGANIZATIONS WHICH IN TURN ARE PAID OUT TO	
	THEM THROUGHO	UT THE YEAR. VOLUNTEERS FROM CORPORATE AND COMMUNITY	
	PARTNERSHIPS	PARTICIPATE IN COMMUNITY PROGRAMS YEAR-ROUND	
		SAN DIEGO HOMELESSNESS VOLUNTEER NETWORK (SDHVN) AND	
		VOLUNTEER HUB. EACH INITIATIVE PROVIDED INDIVIDUALS	
		TUNITY TO GIVE OF THEIR TIME THROUGHOUT SAN DIEGO	
		2000 CONNECTIONS WERE MADE BETWEEN COMMUNITY	
	VOLUNTEERS AN	D OUR NONPROFIT PARTNER ORGANIZATIONS.	
_		. (0 1 0 1 1 0)	
4d	• =	vices (Describe on Schedule O.)	
40	(Expenses \$	including grants of \$) (Revenue \$)	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	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	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	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			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	X	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Δ.	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII	IZa	21	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. u		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part IV Checklist of Required Schedules (continued) Page 4

rail	Checklist of Required Schedules (Continued)		V	NI -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		Х
L		ZJa		
D	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
-	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
		27		Х
	persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
	- · · · · · · · · · · · · · · · · · · ·	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
J- T		34		Х
25 -	or IV, and Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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			
55	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Dará		J0		
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Х
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	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			
	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
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	mind and deplace control and the first term of t			
	Cross recorpts, included on rotting coo, rate vin, into 12, for public doe of olds facilities.			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

UNITED WAY OF SAN DIEGO COUNTY 95-2213995 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 21 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at 9

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

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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? <i>If "No," go to line 13 </i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		X
b	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?	16b		
Secti	on C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed \triangleright CA, 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records Terri Johnson 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123 858-636-4107 20

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Yes No

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ner ner old nest old oye emp		Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			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
(1)NANCY SASAKI	40.00																																	
PRESIDENT & CEO	0.			Х				242,665.	0.	20,981.																								
(2) IAN GORDON	40.00																																	
SVP, CHIEF IMPACT OFFICER	0.	-				Х		128,182.	0.	11,459.																								
(3) TERRI JOHNSON	40.00							,		,																								
VP, FINANCE	0.			Х				125,738.	0.	5,064.																								
(4)JIM WOODS	40.00																																	
VP, CORPORATE RELATIONS	0.					Х		109,056.	0.	9,378.																								
(5) ALICIA QUINN	40.00																																	
VP, NEW BUSINESS DEVELOPMENT	0.					Х		103,333.	0.	7,397.																								
(6) SHANNON GONZALEZ	40.00																																	
CHIEF OPERATING OFFICER	0.			Х				71,920.	0.	10,228.																								
(7) DAVID ANDREWS	.50																																	
BOARD MEMBER	0.	Х						0.	0.	0.																								
(8) MEGAN BLAIR	.50																																	
BOARD MEMBER	0.	X						0.	0.	0.																								
(9)KISHA BORDEN	.50																																	
BOARD MEMBER	0.	Х						0.	0.	0.																								
(10) STEPHANIE BULGAR	.50																																	
BOARD MEMBER, SECRETARY	0.	X		Х				0.	0.	0.																								
(11)NAILA CHOWDHURY	.50																																	
BOARD MEMBER	0.	X						0.	0.	0.																								
(12) KA'EO GRIFFIN	.50																																	
BOARD MEMBER	0.	Х						0.	0.	0.																								
(13) ALEXIS GUTIERREZ	.50																																	
BOARD MEMBER	0.	Х						0.	0.	0.																								
(14)GIL JOHNSON	.50									_																								
BOARD MEMBER	0.	X						0.	0.	0.																								
										Farm 000 (2040)																								

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Par	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinue	ed)	
	(A)	(B)				C)			(D)	(E)	F-	(F)	
	Name and title	Average hours per week (list any	,		heck		e than o		Reportable compensation from	Reportable compensation from related	am	timated rount of other	
		hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	a Officer	Key employee	tru Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization direlated anization	n I
15)	CAROL KIM	.50											
	BOARD MEMBER	0.	X						0	0.			0
16)	KEITH MADDOX	.50											
	BOARD MEMBER	0.	X						0	0.			0
17)	ALLISON MATTHEWS	.50											
	BOARD MEMBER	0.	Х						0	0.			0
18)	LESLIE OLIVER	.50											
	BOARD MEMBER	0.	Х						0	0.			0
19)	RICHARD PATTENAUDE	2.00											
	BOARD MEMBER, CHAIR	0.	Х		Х				0	0.			0
20)	PAUL RASH	.50											
	BOARD MEMBER	0.	Х						0	0.			0
21)	JACOB RICHARDS	1.00											
	BOARD MEMBER, FINANCE CHAIR	0.	Х		Х				0	0.			0
22)	ELI RINN	.50											
	BOARD MEMBER	0.	Х						0	0.			0
23)	JENNIFER ROANE	.50	,						0	0			
0.4	BOARD MEMBER	0.	Х						0	0.			0
24)	TONY RUSSELL	.50											•
	BOARD MEMBER	0.	X						0	0.			0
25)	KIAN SANEII	.50											•
	BOARD MEMBER	0.	X						0	0.		<i></i>	0
	Sub-total								780,894.	0.		64,5	
	Total from continuation sheets to Part VII, S	-							0.	0.		<i>C</i> 1 <i>F</i>	0.
	Total (add lines 1b and 1c)							<u> </u>	780,894.	0.		64,5	,07.
	Total number of individuals (including but not reportable compensation from the organizatio				d al	bove	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
	Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4	For any individual listed on line 1a, is the organization and related organizations granizations granizations granizations granizations	sum of repeater than	oortab	ole c 50,0	com 00?	per	sation	n aı s,"	nd other compens	sation from the	4	Х	
											4		
	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х

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
IDEAHAUS, LLC 1010 STRATFORD COURT DEL MAR, CA 92014	MARKETING	116,625.

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 ▶ 1

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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	(do i box,	not cl unles	Pos heck ss pe	c) sition more erson lirect	e than o is both or/trust	one an ee)	(D) Reportable compensation from the	(E) Reportation compensation related organizati	ole n from	Es am	(F) timated tount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anization d related inizations	
26) REBECCA SMITH BOARD MEMBER	.50	Х						0		0.			0
27) GORDON WIENS	.50	21							•	.			
BOARD MEMBER, AUDIT CHAIR	0.	Х		Х				0		0.			0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >	0.	£400,000 a	0.			0.
Total number of individuals (including but not reportable compensation from the organization)			5	a a	DOVE	e) who) re	eceived more than	\$100,000 0	I			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	00?	ⁱ If	"Yes	5,"	complete Schedu	ile J for s	uch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Complete this table for your five highest component compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compens	ation	
2. Total number of independent control (**)	a aludia - L	,4	ı Bər	ni+-	4 ±-	4h		inted charest -	roosius				_
2 Total number of independent contractors (in more than \$100,000 in compensation from th				ше	u tC	ınos	e II	isteu above) who	received				

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Part VIII Statement of Revenue

(A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 6,556,292 1a Membership dues c Fundraising events 1c d Related organizations Government grants (contributions) 1e 2,803,722 All other contributions, gifts, grants, and similar amounts not included above 1,812,137 1f g Noncash contributions included in 7,360 lines 1a-1f. 1g \$ Total. Add lines 1a-1f 11,172,151 **Business Code** Program Service Revenue 140,009. 140,009 SERVICE FEES 900099 b d е All other program service revenue 140,009. Investment income (including dividends, interest, and 151,374 151,374 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 165,106. 6a Gross rents 6a b Less: rental expenses 6b 165,106. c Rental income or (loss) 6c d Net rental income or (loss)... 165,106 165,106. Gross amount from (i) Securities (ii) Other sales of assets 1,595,245. other than inventory 7a b Less: cost or other basis Other Revenue 1,580,513. 7b and sales expenses . . 14,732. c Gain or (loss) 7c 14.732. 14.732 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 8a 0. 8b **b** Less: direct expenses 0. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. c Net income or (loss) from sales of inventory 0. **Business Code** iscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d 11,643,372. 140,009. 331,212

95-2213995

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 resp				
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	2,940,422.	2,940,422.		
2 Grants and other assistance to domestic	200 250	200 250		
individuals. See Part IV, line 22	390,350.	390,350.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0			
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	581,503.	167,182.	306,695.	107,626.
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	2,312,038.	1,330,820.	437,150.	544,068.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	77,118.	39,982.	19,825.	17,311.
9 Other employee benefits	223,599.	115,926.	57,481.	50,192.
10 Payroll taxes	240,705.	124,795.	61,878.	54,032.
11 Fees for services (nonemployees):				
a Management	261,822.	131,944.	65,609.	64,269.
b Legal	340.		340.	
c Accounting	90,501.		90,501.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	16,677.			16,677.
f Investment management fees	48,336.		48,336.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	197,826.			197,826.
12 Advertising and promotion	165,078.			165,078.
13 Office expenses	370,852.	257,795.	51,592.	61,465.
14 Information technology	138,105.	95,150.	19,602.	23,353.
15 Royalties	0.	22.27	10.001	
16 Occupancy	135,497.	93,354.	19,231.	22,912.
17 Travel	38,150.	26,284.	5,415.	6,451.
18 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.	7.240	1 744	21 222
19 Conferences, conventions, and meetings	30,320.	7,348.	1,744.	21,228.
20 Interest	0.			
21 Payments to affiliates	93,151.	64,178.	13,221.	15,752.
22 Depreciation, depletion, and amortization	46,235.	31,855.	6,562.	7,818.
23 Insurance	10,233.	31,033.	0,302.	7,010.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aDESIGNATION TO OTHERS	3,114,160.	3,114,160.		
hOTHER EXPENSES	95,843.	0,,		95,843.
c	,			,
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,608,628.	8,931,545.	1,205,182.	1,471,901.
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 following SOP 98-2 (ASC 958-720) fundraising solicitation.	0.			

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Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,406,485.	1	4,646,359.
	2	Savings and temporary cash investments	5,801,676.	2	0.
	3	Pledges and grants receivable, net	2,229,010.	3	1,992,157.
	4	Accounts receivable, net	2,635.	4	4,271.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Ś	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	56,157.	9	89,074.
	_	Land, buildings, and equipment: cost or other	<u>·</u>		
	···	basis. Complete Part VI of Schedule D 10a 3,664,653.			
	b	Less: accumulated depreciation	1,043,968.	10c	1,120,824.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	1,023,843.	12	6,758,986.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,563,774.	16	14,611,671.
	17	Accounts payable and accrued expenses	463,097.	17	530,923.
	18	Grants payable	1,240,134.	18	1,375,668.
	19		0.	19	0.
	20	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	· ·
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
≣		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	23 24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	2 4 25	Other liabilities (including federal income tax, payables to related third	<u> </u>	24	0.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	734,168.
	26	Total liabilities. Add lines 17 through 25	1,703,231.	26	2,640,759.
	20	Organizations that follow FASB ASC 958, check here	1,,03,131.	20	2701077351
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	11,504,129.	27	11,626,881.
Fund Balances	28	Net assets with donor restrictions.	356,414.	28	344,031.
p	20	Organizations that do not follow FASB ASC 958, check here ▶	330,111.	20	311,031.
F		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
ξÞ	31 32	Total net assets or fund balances	11,860,543.	31	11,970,912.
Net	33	Total liabilities and net assets/fund balances	13,563,774.	32	14,611,671.
	JJ	Total liabilities and het assets/fully baldifes,	13,303,774.	<u>ა</u> 5	Form 990 (2019)

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,6	08,6	28.		
3								
4	1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5			75,6	525.		
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 on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		11,9	70,9	12.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: CashX Accrual 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?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	lor					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of					
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the					
	Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits		3b				

SCHEDULE A (Form 990 or 990-EZ)

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.

st. OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF SAN DIEGO COUNTY

Employer identification number 95-2213995

Рa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	•				,,,,,,,,	
7	X	An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and un nent income and un n after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its
11		An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su						
	Г	Check the box in lines 12a t						
а		Type I. A supporting orga	•	•			• , , ,	
		the supported organization				ajority oi	the directors or truste	es of the
h	Г	supporting organization. \ Type II. A supporting org	-			with ito	cupported organization	an(a) by baying
b	_	control or management of	•					. ,
		organization(s). You must		=	the sam	e persor	is that control of man	age the supported
С	Г	Type III functionally integ	•		ited in c	onnectio	n with and functional	ly integrated with
·	_	its supported organization						iy intogratoa witii,
d		Type III non-functionally	. , .	•				ted organization(s)
		that is not functionally inte			-			
		requirement (see instruct	-		-		•	
е		Check this box if the orga		-				I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.	
f		ter the number of supported	•					
g	Pro	ovide the following information	on about the suppo	orted organization(s).	1			
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)	_							
/E/								
(E)								
Tota	al							
							1	l .

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,993,294.	13,890,849.	8,509,658.	8,292,971.	11,172,151.	56,858,923.	
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	14,993,294.	13,890,849.	8,509,658.	8,292,971.	11,172,151.	56,858,923.	
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)						5,049,217.	
6	Public support. Subtract line 5 from line 4						51,809,706.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,993,294. 160,506.	13,890,849.	8,509,658. 281,093.	8,292,971. 415,602.	11,172,151.	1,314,824.	
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						58,173,747.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	991,243.	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2019 (li		•			14	89.06%	
15	Public support percentage from 2018						89.69 %	
16a	331/3% support test - 2019. If the org	-					3.7	
	box and stop here. The organization q			_				
b	331/3% support test - 2018. If the org							
	this box and stop here . The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test - 2	_						
	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			-	=		upported	
h	10%-facts-and-circumstances test - 2						and line	
b	15 is 10% or more, and if the organic	-	_					
	Explain in Part VI how the organizati						-	
	supported organization				_	-		
18	Private foundation. If the organization							
-	instructions							

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Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

				· •	•	<u>'</u>	
	tion A. Public Support	(-) 2015	(h) 2010	(=) 2047	(4) 2040	(-) 2010	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		4,0040	4 > 00.47	() 00 (0	()0040	(n =
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. 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						
С	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						
12	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	or the organiza	ation's first, seco	nd. third. fourth	or fifth tax v	rear as a section	501(c)(3)
	organization, check this box and stop here.	•	·				` ` ` ` _
Sec	tion C. Computation of Public Supr						
15	Public support percentage for 2019 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, li	ne 15			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019. If the org					•	
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga						
~	line 18 is not more than 331/3%, check						. —
20	Private foundation. If the organization d		•	•			

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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

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

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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? b A family member of a person described in (a) above? 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. Section B. Type I Supporting Organizations 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 of 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. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization's the trustees of the supported organization's that operated, supervised, or controlled the supporting organization. 2 Did the organization operate for the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization's benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 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 in the supported organization's in	Part I	V Supporting Organizations (continued)			
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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. 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 The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization determined that these activities organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s			2		
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 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 		-	2b		
trustees of each of the supported organizations? Provide details in Part VI.	3				
	а		20		
Did the organization exercise a substantial degree of direction over the bolicies, brograms, and activities of each	L		3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	D		3b		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
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 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c. Breakdown of line 7:			
8	Excess from 2015			
a	Excess from 2016			
b	Excess from 2017			
c d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

Schedule B (Form 990, 990-EZ, or 990-PF)

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

UNITED WAY OF SAN DIEGO COUNTY 95-2213995 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization UNITED WAY OF SAN DIEGO COUNTY

Employer identification number 95-2213995

(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ \$ 505,714.	Person Payroll Noncash (Complete Part II for noncash contributions.)
			-

		_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$505,714.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$316,687.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
10 4		Schedule	B (Form 990, 990-EZ, or 990-PF) (2019

Name of organization UNITED WAY OF SAN DIEGO COUNTY

Employer identification number 95-2213995

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

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

Name of organization UNITED WAY OF SAN DIEGO COUNTY

Employer identification number
95-2213995

	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the your Use duplicate copies of Part III if addition	e year from any or is completing Part li /ear. (Enter this info	ne contributor. One contributor. One contributor. One contributor on contributor on contributor. See the contributor. See the contributor.	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(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 2	ZIP + 4	Relation	nship of transferor to transferee		
(a) No.	(b) Purpose of gift	(a) Use of	aift	(d) Deceription of how gift is hold		
Part I	(b) Purpose or gift	(c) Use of	girt	(d) Description of how gift is held		
		of gift				
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Transfer	sfer of gift			
	Transferee's name, address, and a	ZIP + 4	Relation	ionship of transferor to transferee		
(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 a	ZIP + 4	Relation	nship of transferor to transferee		

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

► 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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect

Employer identification number

UNI	TED WAY OF SAN DIEGO COUNTY		95-2213995
Pa	Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered		
		(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 he	
	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, a	5 5	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes L No
Pa	rt Conservation Easements.	\\ - -	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		Control of the International Control of the Control
	Preservation of land for public use (for example		on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
•	Preservation of open space	ald a gualified appearuation contribution	n in the form of a concernation
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	Held at the End of the Tax Year
_	easement on the last day of the tax year.		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easement Number of conservation easements on a certified		
c d	Number of conservation easements included in (
u	historic structure listed in the National Register		
3	Number of conservation easements modified, tra		
•	tax year >	inioromou, roioudou, extinguidriou, er te	Trimated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re-		ection, handling of
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, insp		
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcin	g conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗀 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	•	ancial statements that describes the
_	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections Complete if the organization answered		ner Similar Assets.
1a	If the organization elected, as permitted under Frof art, historical treasures, or other similar asset	ASB ASC 958, not to report in its reve ts held for public exhibition, education	enue statement and balance sheet works on, or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describe	es these items.
b	If the organization elected, as permitted under F		
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	ms:	•
	(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 a		ar assets for financial gain, provide the
	following amounts required to be reported under F	ASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · • • • • · · · · · · ·
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2019 Page **2**

Pa	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	asures, o	r Other	Similar Assets (continu	ed)		
3	Using the organization's acquisition	on, accession, and o	other records, check	c any of th	e follow	ing that make sign	nificant	use c	of its	
	collection items (check all that app	ly):								
а	Public exhibition		d Loan o	or exchang	e prograr	m				
b	Scholarly research		e Other							
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and explain how t	hey furthe	r the org	ganization's exemp	t purpo	se in	Part	
	XIII.									
5	During the year, did the organization	on solicit or receive o	donations of art, histo	orical treas	ures, or o	other similar			_	
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the o	organizatio	n's collec	ction?	Yes		No	
Pa	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, truste	ee, custodian or othe	er intermediary for c	ontribution	s or other	r assets not				
	included on Form 990, Part X?					[Yes		No	
b	If "Yes," explain the arrangement i									
						Amount	į			
С	Beginning balance			1c						
d	Additions during the year			1d						
е	Distributions during the year			1e						
f	Ending balance			1f						
2a	Did the organization include an am	ount on Form 990,	Part X, line 21, for e	scrow or c	ustodial	account liability?	Yes		No	
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	provided	on Part XIII				
Pa	rt V Endowment Funds.									
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Fou	r years	back	
1a	Beginning of year balance	6,879,696.	6,894,682.	6,774	1,714.	6,448,658.	6,	794,	,126.	
	Contributions		330,123.							
	Net investment earnings, gains,									
	and losses	238,512.		477	7,046.	683,710.	8,186		,186.	
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	284,148.	345,109.	357	7,078.	357,654.		353,	,654.	
f	Administrative expenses	33,762.								
g	End of year balance	6,800,298.	6,879,696.	6,894	1,682.	6,774,714.	6,	448,	,658.	
2	Provide the estimated percentage	of the current year	end balance (line 1a.	column (a)) held as	:				
а	Board designated or quasi-endown	nent ▶ <u> 99.Ó000</u>	_%	()	,					
b	Permanent endowment ▶ 1.0	0000 %								
С	Term endowment ▶	_%								
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.							
3a	Are there endowment funds not in	the possession of th	ne organization that	are held a	nd admir	istered 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 relate	ed organizations liste	d as required on Sch	edule R?.			3b			
4	Describe in Part XIII the intended u		tion's endowment fur	nds.						
Pa	rt VI Land, Buildings, and Equ	uipment.	oo" on Form 000 I	Dort IV lin	. 11. (Coo Form 000 Do	ort ∨ liv	10		
	Complete if the organization of property	(a) Cost or		or other basis			d) Book v		<u>·</u>	
	2 soonplien of property	(a) Cost of	tment) (o	ther)		eciation				
1a	Land		7	718,121.			7	18,1	121.	
b	Buildings		2,0	51,108.		22,573.		28,5	535.	
С	Leasehold improvements		6	648,778. 332,954. 315,825.						
d	Equipment	Equipment								
	Other									
	I. Add lines 1a through 1e. (Column		n 990, Part X, columi	n (B), line 1	0c.)		1,1	20,8	324.	

Schedule D (Form 990) 2019 Page **3**

Investments - Other Securities. Complete if the organization answe	red "Ves" on Form 990	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuati	
(including name of security)	. , ,	Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	6 750 006	TEMAT	
(A) SD FOUNDATION-POOLED FUND	6,758,986.	FMV	
(B)			
(C)			
(D)			
(E) (F)			
(F) (G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 6,758,986.		
Part VIII Investments - Program Related.	0,750,500.		
Complete if the organization answe	red "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 valuati Cost or end-of-year mark	
(4)		Cost of end-of-year mark	et value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> <u>(8)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	N		
Part IX Other Assets.			
Complete if the organization answe	red "Yes" on Form 990). Part IV. line 11d. See Form 990.	Part X. line 15.
	Description	, ,	(b) Book value
<u>(1)</u>			(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 answe	rad "Vaa" on Farm 000) Dort IV line 11e or 11f Coe For	m 000 Dort V
line 25.	red res on Form 990	, Fait IV, lille TTE OF TTI. See FOII	11 990, Part X,
1. (a) Des	cription of liability		(b) Book value
(1) Federal income taxes			
(2) CONTRACT LIABILITIES			734,168.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)		734,168.
		and the second of the second o	

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

Schedule D (Form 990) 2019 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	8,613,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	118,211.
3	Subtract line 2e from line 1	3	8,495,451.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 33,761.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	3,147,921.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,643,372.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,503,293.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Part XIII.)	2e	42,586.
е	Add lines 2a through 2d	3	8,460,707.
3	Subtract line 2e from line 1		5,200,1011
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a 33,761.		
a b	Other (Describe in Part XIII.) 4b 3,114,160.	1	
C	Add lines 4a and 4b	4c	3,147,921.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	11,608,628.
Part			
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V,	line 4; Part X, line

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS

DESIGNATIONS \$3,114,160

PART XII, LINE 4B - OTHER ADJUSTMENTS

DESIGNATIONS \$3,114,160

PART V, LINE 4

THE UNITED WAY ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

PART X, LINE 2

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL THE POSITIONS TAKEN BY THE ORGANIZATION IN THEIR FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS FOR FISCAL YEARS 2017 AND LATER ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** UNITED WAY OF SAN DIEGO COUNTY 95-2213995 **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 No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) 2-1-1 SAN DIEGO PO BOX 420039 SAN DIEGO, CA 92142 33-1029843 15,000. CENSUS 2020 OUTREACH (2) ACCE INSTITUTE 3655 S GRAND AVE LOS ANGELES, CA 90007 27-1487442 29,651. CENSUS 2020 OUTREACH (3) ALLIANCE SAN DIEGO PO BOX 12266 SAN DIEGO, CA 92112 26-1712580 142,392. CENSUS 2020 OUTREACH (4) API INITIATIVE 82-0998345 591 TELEGRAPH CANYON RD, STE 259 60,792. CENSUS 2020 OUTREACH (5) BAYSIDE COMMUNITY CENTER 2202 COMSTOCK ST SAN DIEGO, CA 92111 95-1652902 17,651. CENSUS 2020 OUTREACH (6) BLACK AMERICAN PA OF CA PO BOX 741336 SAN DIEGO, CA 92174 94-2610079 12,000. CENSUS 2020 OUTREACH (7) CA RURAL LEGAL ASSISTANCE 1430 FRANKLIN ST, STE 103 OAKLAND, CA 94612 95-2428657 19,000. CENSUS 2020 OUTREACH (8) CA STATE UNIV. SAN MARCOS 33-0397688 333 S TWIN OAKS VALLEY RD 152,000. CENSUS 2020 OUTREACH (9) CAMPESINOS UNIDOS 1005 C STREET BRAWLEY, CA 92227 95-2745629 23,750. CENSUS 2020 OUTREACH (10) CASA FAMILIAR 119 W HALL AVE SAN YSIDRO, CA 92173 23-7237898 48,151. CENSUS 2020 OUTREACH (11) CHICANO FED. OF SD COUNTY 23-7085960 42,654. 3180 UNIVERSITY AVE SAN DIEGO, CA 92104 CENSUS 2020 OUTREACH (12) CHULA VISTA ELEM. SCHOOL DIST 84 EAST J ST CHULA VISTA, CA 91910 95-6000613 42,750. CENSUS 2020 OUTREACH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
UNITED WAY OF SAN DIEGO COUNTY						95-221399	95
Part I General Information on Grants a	nd Assistance	e					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand edures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient	"	•					es on roim 990,
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) COMITE CIVICO DEL VALLE							
235 MAIN ST BRAWLEY, CA 92227	33-0411322		51,300.				CENSUS 2020 OUTREAC
(2) CONNECTING HOPE CDC							
5930 DIVISION ST SAN DIEGO, CA 92114	45-5332261		25,651.				CENSUS 2020 OUTREAC
(3) DIGITAL IMPAC &							
835 5TH AVE SAN DIEGO, CA 92101	82-4496432		20,000.				CENSUS 2020 OUTREAC
(4) DREAMS FOR CHANGE							
PO BOX 16327 SAN DIEGO, CA 92176	27-0447059		372,642.				CENSUS 2020 OUTREAC
(5) EMPLOYEE RIGHTS CENTER							
4265 FAIRMOUNT AVE, STE 200	95-6139389		14,750.				CENSUS 2020 OUTREAC
(6) ENV. HEALTH COALITION							
2727 HOOVER AVE, STE 202	95-3798792		49,401.				CENSUS 2020 OUTREAC
(7) IMPERIAL VALLEY FOOD BANK							
486 ATEN RD IMPERIAL, CA 92251	33-0633364		19,000.				CENSUS 2020 OUTREAC
(8) INTERFAITH COMM SERVICES							
550 W WASHINGTON AVE ESCONDIDO, CA 92025	95-3837714		10,000.				CENSUS 2020 OUTREAC
(9) INT'L RESCUE COMMITTEE							
5348 UNIVERSITY AVE, STE 205	13-5660870		50,816.				CENSUS 2020 OUTREAC
(10) ISLAH REPARATIONS PROJECT							
PO BOX 714 SANTA CRUZ, CA 95061	46-2544409		24,000.				CENSUS 2020 OUTREAC
(11) KAREN ORGANZATION OF SD							
5354 UNIVERSITY AVE, STE 1	27-2917644		33,651.				CENSUS 2020 OUTREAC
(12) LAO COMM CULTRAL CENTER SD							
12777 BENAVENTE WAY SAN DIEGO, CA 92129	33-0545494		20,651.				CENSUS 2020 OUTREAC
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations li	•	•				>	

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public

Schedule I (Form 990) (2019)

Name of the organization **Employer identification number** UNITED WAY OF SAN DIEGO COUNTY 95-2213995 **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 No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) MAAC PROJECT 1355 3RD AVE CHULA VISTA, CA 91911 95-2457354 180,830. CENSUS 2020 OUTREACH (2) MISSION EDGE SD 27-2938491 PO BOX 12319 SAN DIEGO, CA 92112 102,542. CENSUS 2020 OUTREACH (3) NILE SISTERS DEV. INITIATIVE 5532 EL CAJON BLVD, STE 5 91-2131196 23,651. CENSUS 2020 OUTREACH (4) PARTNERSHIP ADV. OF NEW AMERICANS 47-5299457 4089 FAIRMOUNT AVE SAN DIEGO, CA 92105 210,642. CENSUS 2020 OUTREACH (5) PAVING GREAT FUTURES 2307 FENTON PKWY, STE 107-8 46-3297281 26,676. CENSUS 2020 OUTREACH (6) PILLARS OF THE COMMUNITY 6403 IMPERIAL AVE SAN DIEGO, CA 92114 45-2323183 17,500. CENSUS 2020 OUTREACH (7) RISE URBAN INSTITUTE OF SD 404 EUCLID AVE, STE 329 SAN DIEGO, CA 92114 47-1583475 15,000. CENSUS 2020 OUTREACH (8) SD KOREAN AMERICAN COALITION 2470 APERTURE CIR SAN DIEGO, CA 92108 84-1817910 10,000. CENSUS 2020 OUTREACH (9) SD ORGANIZING PROJECT 4305 UNIVERSITY AVE, STE 530 95-3284521 39,654 CENSUS 2020 OUTREACH (10) SD URBAN WARRIORS 7614 SHADYGLADE LANE SAN DIEGO, CA 92114 80-0201329 10,652. CENSUS 2020 OUTREACH (11) SOMALI FAMILY SERVICE OF SD 91-2065038 15,651. 5348 UNIVERSITY AVE, STE 203 CENSUS 2020 OUTREACH (12) THE SD LGBT COMM CENTER 3909 CENTRE ST SAN DIEGO, CA 92103 23-7332048 225,515. CENSUS 2020 OUTREACH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF SAN DIEGO COUNTY 95-2213995 **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 No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) THINK DIGNITY 3525 30TH ST SAN DIEGO, CA 92104 33-1146733 18,651. CENSUS 2020 OUTREACH (2) UNION OF PAN ASIAN COMM 23-7279074 89,892. 1031 25TH ST SAN DIEGO, CA 92102 CENSUS 2020 OUTREACH (3) UW OF IMPERIAL COUNTY 2410 IMPERIAL BUSINESS PARK DR 95-3527016 8,000. CENSUS 2020 OUTREACH (4) VISTA COMMUNITY CLINIC 95-2815615 10,000. 1000 VALE TERRACE VISTA, CA 92084 CENSUS 2020 OUTREACH (5) YMCA OF SD COUNTY 3708 RUFFIN RD SAN DIEGO, CA 92123 95-2039198 33,251. CENSUS 2020 OUTREACH (6) HOME START 5005 TEXAS ST, STE 203 SAN DIEGO, CA 92108 95-3138268 19.814. EITC EDUCATION (7) NORTH COUNTY LIFELINE 95-2794253 COVID FINANCIAL ASSI 3142 VISTA WAY, STE 400 OCEANSIDE, CA 92056 180,000 (8) SDCCOLLEGE AUXILIARY ORGANIZATION 33-0428972 3375 CAMINO DEL RIO S, STE 335 267,000 COVID FINANCIAL ASSI (9) (10)(11)(12)44.

UNITED WAY OF SAN DIEGO COUNTY 95-2213995

Schedule I (Form 990) (2019)

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 wai	1,422.	346,659.			
2 EMERGENCY ASSISTANCE-UNIONS UNITED	245.	33,153.			
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

UW SAN DIEGO COUNTY FOLLOWS UP WITH THE RECIPIENT ORGANIZATION TO CONFIRM

THE NUMBER OF INDIVIDUALS AND FAMILIES THAT WERE ABLE TO QUALIFY FOR THE

EARNED INCOME CREDIT AS A RESULT OF THE EDUCATION AND TAX PREPARATION

SERVICES PROVIDED BY THE GRANT.

Compensation InformationFor 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF SAN DIEGO COUNTY

Employer identification number

95-2213995

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	_				
	1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee X Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b						
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	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					
а	compensation contingent on the revenues of: The organization?	5a		Х		
a b	Any related organization?	5b		X		
	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:					
а	The organization?	6a		Х		
b	Any related organization?	6b		Х		
	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.	7		X		
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			~		
c	in Part III	8		X		
9	Regulations section 53.4958-6(c)?	9				
	roganation cochonication of of the transfer of	J		1		

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

Schedule J (Form 990) 2019

UNITED WAY OF SAN DIEGO COUNTY 95-2213995

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NANCY SASAKI	(i)	219,040.	23,625.	0.	8,394.	12,587.	263,646.	
1PRESIDENT & CEO	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

UNITED WAY OF SAN DIEGO COUNTY 95-2213995

Schedule J (Form 990) 2019

Part | 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 O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 **Open to Public** Inspection

95-2213995

Department of the Treasury Internal Revenue Service

UNITED WAY OF SAN DIEGO COUNTY

Name of the organization

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

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA UPON COMPLETION OF THE REPORTING YEAR'S AUDITED FINANCIAL STATEMENTS. THE MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST STATEMENTS ARE REQUIRED ANNUALLY FROM THE BOARD OF DIRECTORS. IN ACCORDANCE WITH THE POLICY, MEMBERS OR STAFF WITH ANY CONFLICT OF INTEREST ARE TO EXCUSE THEMSELVES FROM VOTING AND IN ACCORDANCE WITH THE SITUATION, EXCUSE THEMSELVES FROM THE DISCUSSION. STAFF ARE RESPONSIBLE FOR FOLLOWING THE CONFLICT OF INTEREST GUIDANCE SIGNED FOR WITH RECEIPT OF THE EMPLOYEE HANDBOOK.

FORM 990, PART VI, SECTION B, LINE 15 UNITED WAY OF SAN DIEGO COUNTY CONDUCTS A COMPLETE REVIEW OF STAFF SALARIES EVERY OTHER YEAR. SALARIES FOR ALL STAFF INCLUDING TOP EXECUTIVES ARE COMPARED AGAINST LOCAL MARKET AS WELL AS SOUTHERN CALIFORNIA SALARY DATA PUBLISHED IN COMPENSATION SURVEYS BY 2 TO 3 INDEPENDENT SOURCES. SALARY INFORMATION IS ALSO COMPARED TO DATA COLLECTED BY UNITED WAY WORLDWIDE. A SUMMARY OF THE SALARY DATA REVIEWED AND ANY RECOMMENDED SALARY ACTIONS FOR EXECUTIVE-LEVEL STAFF IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE TO THE BOARD PRIOR TO ANY SALARY ACTION. THERE IS A REVIEW BY THE CHAIR OF BOARD AND CEO FOR KEY EMPLOYEES. DATA BENCHMARKED DONE BY PAYSCALE AND 990 INFORMATION.

Name of the organization
UNITED WAY OF SAN DIEGO COUNTY

Employer identification number
95-2213995

FORM 990, PART VI, SECTION C, LINE 19

AUDITED FINANCIAL STATEMENTS AND THE ANNUAL REPORT ARE AVAILABLE ON THE

UNITED WAY OF SAN DIEGO COUNTY WEBSITE. ANY OTHER GOVERNING OR PUBLIC

DOCUMENTS ARE AVAILABLE UPON REQUEST AND, AS APPROPRIATE, DELIVERED

ELECTRONICALLY OR AT THE FACILITY FOR REVIEW.

FORM 990, PART III, LINE 4A

...FOR OUR CHILDREN, YOUTH AND FAMILIES. OUR GOAL IS TO IMPROVE STUDENT OUTCOMES, THROUGH LITERACY AND ATTENDANCE INTERVENTIONS, TO CLOSE THE ACHIEVEMENT GAP.

AS WE LOOK AT THE KEY BENCHMARKS OF KINDERGARTEN READINESS, THIRD GRADE READING LEVELS AND COLLEGE OR CAREER READINESS, WE KNOW THAT PARTNERSHIP COLLABORATIVES MUST ALSO PROVIDE SUPPORT SO THAT FAMILIES ARE FINANCIALLY STABLE, EMOTIONALLY HEALTHY AND ENGAGED. UNITED WAY ENGAGES OVER 13,500 DONORS, WORKS WITH 129 COMMUNITY AND CORPORATE PARTNERS,31 SCHOOLS, AND 620 VOLUNTEERS TO PROVIDE SERVICE TO OVER 41,500 FAMILIES AND CHILDREN THROUGHOUT SAN DIEGO COUNTY. OUR METRICS INCLUDE ACCESS TO QUALITY EARLY EDUCATION, ATTENDANCE RATES, THIRD GRADE READING LEVELS, NUMBER OF WORK-BASED LEARNING OPPORTUNITIES AND IMPROVED FAMILY STABILITY.

FORM 990, PART III, LINE4B

...THIS WORK CONTINUED INTO FY2021 DUE TO THE COVID-19 PANDEMIC.

IN FY20 UNITED WAY LAUNCHED THE WORKERS ASSISTANCE INITIATIVE IN RESPONSE

Name of the organization

UNITED WAY OF SAN DIEGO COUNTY

Employer identification number

95-2213995

TO THE CRISIS CREATED BY THE COVID-19 PANDEMIC. IN FY20, OVER \$550,000 WAS DISTRIBUTED IN DIRECT ASSISTANCE TO LOW-WAGE WORKERS AND \$667,830 WAS PROVIDED TO LOCAL NONPROFIT PARTNERS WHO DISTRIBUTED ASSISTANCE DIRECTLY TO MEMBERS OF THE COMMUNITY NEEDING IT THE MOST.