

**\*\* PUBLIC DISCLOSURE COPY \*\***

Form **990**

**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)

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**


<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF THE NATIONAL CAPITAL AREA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1577 SPRING HILL ROAD 420</b> City or town, state or province, country, and ZIP or foreign postal code <b>VIENNA, VA 22182</b> <b>F</b> Name and address of principal officer: <b>ROSIE ALLEN-HERRING</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>53-0234290</b> <b>E</b> Telephone number <b>202-488-2000</b> <b>G</b> Gross receipts \$ <b>31,890,105.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYNCA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>COMMITTED TO EQUITABLE HEALTH, EDUCATION AND OPPORTUNITY FOR EVERY PERSON IN OUR COMMUNITY.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b> <b>44</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>1200</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> <b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>43,688,909.</b> <b>21,990,156.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,471,481.</b> <b>1,120,076.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,198,547.</b> <b>2,388,012.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,206,803.</b> <b>74,327.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>48,565,740.</b> <b>25,572,571.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>17,408,547.</b> <b>15,251,877.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,706,485.</b> <b>4,933,678.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,553,272.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,578,296.</b> <b>4,000,666.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>25,693,328.</b> <b>24,186,221.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>22,872,412.</b> <b>1,386,350.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>56,305,316.</b> <b>52,010,356.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>10,537,953.</b> <b>12,805,723.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>45,767,363.</b> <b>39,204,633.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:  <b>ROSIE ALLEN-HERRING, PRESIDENT &amp; CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date: <b>1/17/2023</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>MICHAELA J. CROMAR, CPA</b> Preparer's signature: <b>MICHAELA J. CROMAR,</b> Date: <b>01/10/23</b> Firm's name: <b>CLIFTONLARSONALLEN LLP</b> Firm's address: <b>901 NORTH GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203</b>	Check if self-employed: <input type="checkbox"/> PTIN: <b>P00895728</b> Firm's EIN: <b>41-0746749</b> Phone no.: <b>571-227-9500</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY NCA IMPROVES LIVES OF UNDERSERVED INDIVIDUALS IN THE NATIONAL CAPITAL AREA BY FOCUSING COMMUNITY RESOURCES ON CREATING MEASURABLE AND LASTING IMPACT. WHEN NONE ARE IGNORED, ALL WILL THRIVE. ... CONTINUED ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 15,968,480. including grants of \$ 13,079,781. ) (Revenue \$ 1,120,076. ) NONPROFIT CAPACITY BUILDING: UNITED WAY NCA'S PRIMARY SOURCE OF REVENUE IS GENERATED THROUGH EMPLOYER-SPONSORED WORKPLACE GIVING CAMPAIGNS. IN ADDITION, UNITED WAY NCA CONDUCTS A VARIETY OF FUNDRAISING INITIATIVES THROUGHOUT THE YEAR, WITH A FOCUS ON GROWING AND DIVERSIFYING FUNDING SOURCES TO SUPPORT ITS COMMUNITY IMPACT WORK AND OPERATIONS. FOR NEARLY 50 YEARS, COMPANIES, FOUNDATIONS, PUBLIC ENTITIES AND INDIVIDUAL DONORS HAVE RECOGNIZED UNITED WAY NCA AS THE PREEMINENT NONPROFIT FOR DONATING TO THE CAUSES THEY CARE ABOUT. THE MILLIONS OF DOLLARS RAISED BY UNITED WAY NCA EACH YEAR ARE INVESTED IN THE MOST EFFECTIVE PROGRAMS AND SERVICES TO TACKLE THE MOST COMPLEX SOCIAL CHALLENGES, CRITICAL AREAS OF NEEDS AND ISSUES IN OUR REGION.

4b (Code: ) (Expenses \$ 1,299,121. including grants of \$ 1,041,588. ) (Revenue \$ 0. ) HEALTH AND EDUCATION: UNITED WAY NCA'S THRIVE UNITED 365 HEALTH PROGRAM PROVIDES EQUITABLE ACCESS TO THE DISTRIBUTION OF HEALTH RESOURCES AND IMPROVES PEOPLE'S LIVES BY ADDRESSING HEALTH CONDITIONS MOST AFFECTING ITS COMMUNITIES. ADOPTING A COMMUNITY-BASED PUBLIC HEALTH INTERVENTION MODEL, THE PROGRAM SUPPORTS PREVENTION AND CARE MANAGEMENT STRATEGIES TO CREATE LOW-BARRIER HEALTH RESOURCE ACCESS POINTS FOR COMMUNITIES FACING ENDURING HEALTH DISPARITIES. THIS PLACE-BASED WORK INCLUDES EQUITABLE ACCESS TO COVID-19 RESPONSE PROGRAMS, DIABETES PREVENTION AND MANAGEMENT, AND MENTAL HEALTH FIRST AID. IN 2021-22, UNITED WAY NCA AND PARTNER ORGANIZATIONS HOSTED 149 COVID-19 TESTING AND VACCINE EVENTS. THESE EFFORTS RESULTED IN 1,470 COVID TESTS ADMINISTERED, 5,321 COVID VACCINES ADMINISTERED, 6,217 ACTIVE ENGAGEMENTS WITH INDIVIDUALS

4c (Code: ) (Expenses \$ 1,307,281. including grants of \$ 1,130,508. ) (Revenue \$ 0. ) ECONOMIC OPPORTUNITY: UNITED WAY NCA'S ECONOMIC OPPORTUNITY INITIATIVES PROVIDE INFORMATION, RESOURCES, AND SERVICES TO END DEBT AND INCREASE GENERATIONAL WEALTH IN UNDER-RESOURCED COMMUNITIES. SINCE 2015, UNITED WAY NCA HAS OPERATED THE REGION'S FIRST GROUP OF FINANCIAL EMPOWERMENT CENTERS (FECS) TO PROMOTE ECONOMIC OPPORTUNITY. TODAY, UNITED WAY NCA'S FIVE FECS OFFER INDIVIDUALS, VETERANS, AND WORKING FAMILIES NO-COST, PROFESSIONAL HIGH-QUALITY FINANCIAL CAPACITY BUILDING SERVICES, SUCH AS PERSONLIZED FINANCIAL COACHING AND HOUSING COUNSELING. FEC PROGRAMS INCLUDE FINANCIAL AND WORKFORCE TRAINING, INDIVIDUAL AND SMALL GROUP COACHING, TAX PREPARATION SERVICES AND WEALTH BUILDING WORK. IN 2022, 8,434 INDIVIDUALS BENEFITED FROM ITS VOLUNTEER INCOME TAX ASSISTANCE (VITA) AND THE EARNED INCOME TAX CREDIT (EITC) PROGRAM; 8,753 RESIDENTS

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 18,574,882.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a		21
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b		21
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ DC, VA, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
**KEVIN SMITH - 202-488-2000**  
**1577 SPRING HILL ROAD, SUITE 420, VIENNA, VA 22182**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSIE ALLEN-HERRING PRESIDENT & CEO	50.00			X			547,433.	0.	69,863.	
(2) KEVIN SMITH CHIEF FINANCIAL OFFICER	50.00			X			278,646.	0.	60,896.	
(3) NEDELKA PHILLIPS SR. VP OF RD & MARKETING	50.00				X		190,737.	0.	35,810.	
(4) ANTHONY PAUL VP, INFORMATION TECHNOLOGY	50.00					X	160,272.	0.	35,204.	
(5) GABRIELLE SHERB VP, DEVELOPMENT & DONOR ENGAGEMENT	50.00					X	169,208.	0.	13,553.	
(6) ROSE JOHNSON VP, HUMAN RESOURCES	50.00					X	155,700.	0.	21,126.	
(7) SANDRA HARRINGTON SR DIR, DONATION SERVICES	50.00					X	126,750.	0.	31,854.	
(8) BRENDA PEELER DIR, OFFICE OPERATIONS AND BOARD LIA	50.00					X	108,580.	0.	10,145.	
(9) GARY TABACH BOARD CHAIRMAN	2.00	X		X			0.	0.	0.	
(10) KEN SAMET, FACHE TREASURER	2.00	X		X			0.	0.	0.	
(11) TAMIKA TREMAGLIO SECRETARY	2.00	X		X			0.	0.	0.	
(12) KEVIN VIROSTEK BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(13) STEVE PROCTOR BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(14) RACHEL S. KRONOWITZ BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(15) JAMES W. CORNELSEN BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(16) EVELYN LEE BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(17) EVAN KRAUS BOARD OF DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTIN RODGERS BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(19) WENDY MORTON-HUDDLESTON BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(20) ANGELA FRANCO BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(21) MICHELLE RICE BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID VELAZQUEZ BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(23) STACI PIES BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(24) RICHARD K. BYNUM BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(25) ELLIOTT FERGUSON BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
(26) RICHARD DYER BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							1,737,326.	0.	278,451.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,737,326.	0.	278,451.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SMITHGIFFORD, INC., 106 W. JEFFERSON ST., FALLS CHURCH, VA 22046	ADVERTISING CONSULTING	558,281.
JR COMMUNICATIONS, LLC 6104 HARVARD AVE., GLEN ECHO, MD 20812	PUBLIC RELATIONS CONSULTING	134,040.
UPIC SOLUTIONS, 224 BEECHWOOD RD., SUITE 500, FORT MITCHELL, KY 41017	TECHNOLOGY CONSULTING	121,062.
GO FISH DIGITAL 2221 SOUTH CLARK ST., ARLINGTON, VA 22202	MARKETING CONSULTING	111,350.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Includes entries for Terri McClements, Joshua Etemadi, and Tracy Kenny, all reporting 1.00 hours and 0.00 compensation.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	7,440,991.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events					
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	1,144,493.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	13,404,672.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 13,319.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		21,990,156.			
Program Service Revenue	<b>2 a</b>	CAMPAIGN FEE REVENUE	900099	857,407.	857,407.		
	<b>2 b</b>	CFC APPLICATION & LISTING FEE	900099	262,669.	262,669.		
	<b>2 c</b>						
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f		1,120,076.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		980,122.		980,122.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	7,725,424.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	6,317,534.				
<b>7 c</b>	Gain or (loss)	1,407,890.					
<b>7 d</b>	Net gain or (loss)		1,407,890.		1407890.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>8 c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue	900099	74,327.		74,327.	
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		74,327.			
<b>12</b>	<b>Total revenue.</b> See instructions		25,572,571.	1,120,076.	0.	2462339.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,251,877.	15,251,877.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	979,386.	377,416.	276,500.	325,470.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,264,899.	1,244,975.	830,814.	1,189,110.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,013.	57,111.	43,605.	37,297.
<b>9</b> Other employee benefits	260,542.	120,818.	43,441.	96,283.
<b>10</b> Payroll taxes	290,838.	114,373.	68,512.	107,953.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	26,355.	11,095.	5,219.	10,041.
<b>c</b> Accounting	52,186.		52,186.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	224,271.		224,271.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	709,897.	565,752.	84,847.	59,298.
<b>12</b> Advertising and promotion	221,051.	22,106.	16,245.	182,700.
<b>13</b> Office expenses	72,024.	7,121.	31,437.	33,466.
<b>14</b> Information technology	57,869.	25,983.	12,133.	19,753.
<b>15</b> Royalties				
<b>16</b> Occupancy	750,121.	335,434.	168,862.	245,825.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	52,189.	7,999.	31,956.	12,234.
<b>20</b> Interest	11,181.		11,181.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	100,545.	45,788.	21,537.	33,220.
<b>23</b> Insurance	50,718.	23,097.	10,864.	16,757.
<b>24</b> 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.)				
<b>a CONTRACTUAL SERVICES</b>	1,197,718.	151,081.	17,754.	1,028,883.
<b>b MEMBERSHIP DUES</b>	465,566.	212,019.	99,724.	153,823.
<b>c FIXED ASSET W/O</b>	5,000.		5,000.	
<b>d STAFF DEVELOPMENT</b>	3,975.	837.	1,979.	1,159.
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	24,186,221.	18,574,882.	2,058,067.	3,553,272.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,109,555.	<b>1</b>	387,041.
	<b>2</b> Savings and temporary cash investments .....	1,237,638.	<b>2</b>	586,032.
	<b>3</b> Pledges and grants receivable, net .....	8,459,861.	<b>3</b>	8,008,845.
	<b>4</b> Accounts receivable, net .....	52,120.	<b>4</b>	117,257.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	122,473.	<b>9</b>	207,587.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,634,987.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,515,457.	152,362.	<b>10c</b> 119,530.
	<b>11</b> Investments - publicly traded securities .....	44,901,214.	<b>11</b>	39,072,051.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	270,093.	<b>15</b>	3,512,013.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	56,305,316.	<b>16</b>	52,010,356.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,488,079.	<b>17</b>	1,226,555.
	<b>18</b> Grants payable .....	7,915,950.	<b>18</b>	7,172,678.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	114,139.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	943,531.	<b>24</b>	750,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	190,393.	<b>25</b>	3,542,351.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,537,953.	<b>26</b>	12,805,723.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	43,076,748.	<b>27</b>	36,760,470.
	<b>28</b> Net assets with donor restrictions .....	2,690,615.	<b>28</b>	2,444,163.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	45,767,363.	<b>32</b>	39,204,633.
<b>33</b> Total liabilities and net assets/fund balances .....	56,305,316.	<b>33</b>	52,010,356.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,572,571.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,186,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,386,350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,767,363.
5	Net unrealized gains (losses) on investments	5	-7,254,092.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-694,988.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	39,204,633.

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> UNITED WAY OF THE NATIONAL CAPITAL AREA	<b>Employer identification number</b> 53-0234290
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	30410987.	25143278.	24785962.	43688909.	21990156.	146019292
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	30410987.	25143278.	24785962.	43688909.	21990156.	146019292
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						146019292

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	30410987.	25143278.	24785962.	43688909.	21990156.	146019292
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	591,876.	644,751.	615,232.	725,682.	980,122.	3557663.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	89,262.	175,917.	84,178.	1206803.	74,327.	1630487.
<b>11 Total support.</b> Add lines 7 through 10						151207442
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,000,389.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.57 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	96.96 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Schedule A (Form 990) 2021

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

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

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

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TRAINING FEE REVENUE

2017 AMOUNT: \$ 40,581.

2018 AMOUNT: \$ 134,400.

2019 AMOUNT: \$ 24,800.

OTHER INCOME

2017 AMOUNT: \$ 48,681.

2018 AMOUNT: \$ 41,517.

2019 AMOUNT: \$ 59,378.

2020 AMOUNT: \$ 65,874.

2021 AMOUNT: \$ 74,327.

PPP LOAN FORGIVENESS

2020 AMOUNT: \$ 940,929.

CONTINGENCY ACCRUAL REVERSAL

2020 AMOUNT: \$ 200,000.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNITED WAY OF THE NATIONAL CAPITAL AREA

Employer identification number

53-0234290

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>UNITED WAY OF THE NATIONAL CAPITAL AREA</b>	Employer identification number  <b>53-0234290</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>7,440,991.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,244,816.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>943,531.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF THE NATIONAL CAPITAL AREA</b>	Employer identification number  <b>53-0234290</b>
--	---

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

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



Name of organization  <b>UNITED WAY OF THE NATIONAL CAPITAL AREA</b>	Employer identification number  <b>53-0234290</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA Employer identification number 53-0234290

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	199,076.	198,242.	188,484.	180,638.	182,722.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	-23,409.	1,459.	17,077.	13,731.	4,539.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	0.	625.	7,319.	5,885.	6,623.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	175,667.	199,076.	198,242.	188,484.	180,638.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  99.6200 %
  - c** Term endowment  .3800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		893,890.	843,109.	50,781.
<b>d</b> Equipment		700,497.	664,454.	36,043.
<b>e</b> Other		40,600.	7,894.	32,706.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				119,530.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE - LIFE INSURANCE	41,978.
(2) INVESTMENT - 457 PLAN	213,267.
(3) RENT DEPOSIT	60,640.
(4) RIGHT-OF-USE ASSET	3,196,128.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,512,013.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION - 457	
(3) LIABILITY	213,267.
(4) LEASE LIABILITY (RIGHT OF USE)	3,329,084.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,542,351.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,555,077.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-7,254,092.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	219,338.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-5,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-7,039,754.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,594,831.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	224,271.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	13,753,469.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	13,977,740.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	25,572,571.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,117,807.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	219,338.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	219,338.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,898,469.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	224,271.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	13,063,481.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	13,287,752.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	24,186,221.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENT REPRESENTS A CHARITABLE BEQUEST RESTRICTED TO INVEST IN PERPETUITY FOR COMMUNITY IMPACT FUNDS AND A CHARITABLE BEQUEST TO INVEST IN PERPETUITY FOR GENERAL OPERATIONS.

**PART X, LINE 2:**

UNITED WAY NCA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE QUALIFIES AS AN ORGANIZATION ELIGIBLE TO RECEIVE DEDUCTIBLE CHARITABLE CONTRIBUTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME THAT IS UNRELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT

**Part XIII** Supplemental Information (continued)

TO FEDERAL AND STATE CORPORATE INCOME TAXES. UNDER THE TAX CUTS AND JOBS ACT (THE ACT) ENACTED IN JANUARY 2018, UNITED WAY NCA INCURRED UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS. WITH THE RETROACTIVE REPEAL OF CERTAIN ASPECTS OF THE ACT IN 2021, UNITED WAY NCA WILL NO LONGER INCUR TAXES ON THESE BENEFITS. THE COMMONWEALTH OF VIRGINIA AND THE DISTRICT OF COLUMBIA HAVE ALSO REPEALED STATE-LEVEL CONFORMITY TO THE ACT WHICH NO LONGER REQUIRES UNITED WAY NCA TO INCUR STATE-LEVEL TAX OBLIGATIONS RELATED TO QUALIFIED TRANSPORTATION FRINGE BENEFITS. UNITED WAY NCA FILED AMENDED FORM 990-T RETURNS FOR ALL YEARS IMPACTED TO REQUEST A FULL REFUND OF ALL TAXES PAID.

THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, UNITED WAY NCA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED UNITED WAY NCA'S TAX POSITIONS AND CONCLUDED THAT UNITED WAY NCA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

WRITE OFF OF FIXED ASSETS -5,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET CONTRIBUTIONS DESIGNATIONS HONORED 12,794,579.

CFC FEE EXPENSE 263,902.

LOSSES FROM UNCOLLECTIBLE PLEDGES 694,988.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 13,753,469.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET CONTRIBUTIONS DESIGNATIONS HONORED 12,794,579.

CFC FEE EXPENSE 263,902.

WRITE OFF OF FIXED ASSETS 5,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 13,063,481.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF THE NATIONAL CAPITAL AREA** Employer identification number **53-0234290**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A WOMAN'S CHOICE 6201 LEESBURG PIKE, SUITE 220 FALLS CHURCH, VA 22044	52-1424491	501(C)(3)	11,756.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AARP LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501(C)(3)	8,230.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACADEMY OF THE HOLY CROSS 4920 STRATHMORE AVENUE KENSINGTON, MD 20895	52-0683113	501(C)(3)	5,962.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACCA, INC. 7200 COLUMBIA PIKE ANNANDALE, VA 22003	54-0836157	501(C)(3)	8,681.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACTION IN COMMUNITY THROUGH SERVICE - 3900 ACTS LN - DUMFRIES, VA 22026	54-0897679	501(C)(3)	33,346.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ADOPTIONS TOGETHER, INC. 4061 POWDER MILL ROAD, SUITE 320 CALVERTON, MD 20705	52-1703994	501(C)(3)	8,815.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 239.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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Schedule I (Form 990) 2021



Schedule I (Form 990)

## UNITED WAY OF THE NATIONAL CAPITAL AREA

53-0234290

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON - 501 SLIGO AVENUE - SILVER SPRING, MD 20910	02-0592766	501(C)(3)	5,944.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALFRED STREET BAPTIST CHURCH FOUNDATION - 301 SOUTH ALFRED STREET - ALEXANDRIA, VA 22314	13-4245463	501(C)(3)	67,957.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALIVE!, INC. 2723 KING STREET ALEXANDRIA, VA 22302	54-0914017	501(C)(3)	57,226.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALZHEIMER'S DISEASE AND RELATED DISORDER - 8180 GREENSBORO DRIVE, SUITE 400 - MC LEAN, VA 22102	13-3039601	501(C)(3)	14,362.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123	58-0659875	501(C)(3)	27,308.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE, SUITE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	36,918.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	44,652.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN RED CROSS 8550 ARLINGTON BOULEVARD FAIRFAX, VA 22031	53-0196605	501(C)(3)	73,601.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ANCHOR MENTAL HEALTH ASSOCIATION, INC. - 1001 LAWRENCE STREET NE - WASHINGTON, DC 20017	52-0824835	501(C)(3)	8,773.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Schedule I (Form 990)

## UNITED WAY OF THE NATIONAL CAPITAL AREA

53-0234290

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL ALLIES INC. PO BOX 7040 FAIRFAX STATION, VA 22039	52-1356518	501(C)(3)	16,064.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVENUE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	48,986.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF GREATER PRINCE WILLIAM / INSIGHT - 13505 HILLENDALE DR. - WOODBIDGE, VA 22193	54-0743298	501(C)(3)	10,771.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF LOUDOUN COUNTY 601 CATOCTIN CIRCLE NE LEESBURG, VA 20176	54-0835314	501(C)(3)	8,284.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF MONTGOMERY COUNTY, THE 7362 CALHOUN PLACE ROCKVILLE, MD 20855	52-0639953	501(C)(3)	14,161.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF NORTHERN VIRGINIA, THE 2755 HARTLAND ROAD FALLS CHURCH, VA 22043	54-0675506	501(C)(3)	10,343.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF PRINCE GEORGE'S COUNTY, THE 1401 MCCORMICK DR LARGO, MD 20774	52-0715246	501(C)(3)	8,651.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARCHBISHOP CARROLL HIGH SCHOOL 4300 HAREWOOD ROAD NE WASHINGTON, DC 20017	53-0207416	501(C)(3)	13,435.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON FOOD ASSISTANCE CENTER 2708 SOUTH NELSON STREET ARLINGTON, VA 22206	54-1473207	501(C)(3)	150,007.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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ARLINGTON FREE CLINIC, INC. 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)	22,733.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING - 2704 N PERSHING DR. - ARLINGTON, VA 22201	54-1515133	501(C)(3)	13,893.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON THRIVE, INC. PO BOX 7429 ARLINGTON, VA 22207	51-0207684	501(C)(3)	20,158.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ASHA FOR WOMEN PO BOX 2084 ROCKVILLE, MD 20847	52-2193753	501(C)(3)	5,619.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AUTISM SOCIETY OF AMERICA 10467 WHITE GRANITE DRIVE, 3RD FLOOR OAKTON, VA 22124	54-1698694	501(C)(3)	7,559.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AYUDA, INC. 1413 K STREET NW, FIFTH FLOOR WASHINGTON, DC 20005	52-0971440	501(C)(3)	13,473.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BEACON HOUSE COMMUNITY MINISTRY, INC. - PO BOX 29629 - WASHINGTON, DC 20017	52-1773366	501(C)(3)	5,795.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BETHESDA CARES, INC. 7728 WOODMONT AVENUE BETHESDA, MD 20814	52-1634919	501(C)(3)	21,070.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BIG BROTHERS BIG SISTERS OF THE NATIONAL CAPITAL AREA - 910 17TH STREET NW, SUITE 404 - WASHINGTON, DC 20006	53-0190849	501(C)(3)	12,692.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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BISHOP MCNAMARA HIGH SCHOOL 6800 MARLBORO PIKE FORESTVILLE, MD 20747	52-0805939	501(C)(3)	12,747.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS TOWN OF WASHINGTON DC 4801 SARGENT ROAD, NE WASHINGTON, DC 20017	41-2220810	501(C)(3)	6,957.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRAIN INJURY SERVICES 8136 OLD KEENE MILL ROAD, SUITE B10 SPRINGFIELD, VA 22152	54-1346045	501(C)(3)	5,142.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BREAD FOR THE CITY 1525 7TH STREET NW WASHINGTON, DC 20001	52-1138207	501(C)(3)	126,701.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRIDGES TO INDEPENDENCE, INC. 3103 N. 9TH ROAD ARLINGTON, VA 22201	54-1368484	501(C)(3)	8,868.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRIGHT BEGINNINGS, INC. 3418 4TH STREET SE WASHINGTON, DC 20032	52-1697917	501(C)(3)	27,191.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRITEPATHS INC. 3959 PENDER DRIVE, SUITE 200 FAIRFAX, VA 22030	52-1596259	501(C)(3)	18,059.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BSI, INC. 5917 TELEGRAPH RD ALEXANDRIA, VA 22310	23-2261841	501(C)(3)	6,077.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BUILDING BRIDGES ACROSS THE RIVER 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	52-2013526	501(C)(3)	5,760.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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CALVARY WOMEN'S SERVICES 1217 GOOD HOPE ROAD SE WASHINGTON, DC 20020	52-1307706	501(C)(3)	19,028.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAMPAGNA CENTER, THE 418 S WASHINGTON ST ALEXANDRIA, VA 22314	54-0534609	501(C)(3)	11,855.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	778,173.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CARPENTER'S SHELTER 930 N HENRY ST ALEXANDRIA, VA 22314	54-1571849	501(C)(3)	39,745.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA CHILDREN'S INTERVENTION SERVICE INC - 9384 FORESTWOOD LANE - MANASSAS, VA 20110	54-1661340	501(C)(3)	6,690.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA DE MARYLAND, INC. 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	28,774.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA FOR CHILDREN OF THE DISTRICT OF COLUMBIA - 220 I (EYE) ST NE, SUITE 285 - WASHINGTON, DC 20002	03-0472883	501(C)(3)	14,037.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON - 924 G ST NW - WASHINGTON, DC 20001	53-0196524	501(C)(3)	81,915.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CENTRAL AMERICAN RESOURCE CENTER 1460 COLUMBIA ROAD NW, SUITE C 1 WASHINGTON, DC 20009	52-1271888	501(C)(3)	7,320.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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CENTRAL UNION MISSION 65 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	53-0218650	501(C)(3)	11,246.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN OF MINE YOUTH CENTER, INC. - 1450 HOWARD ROAD SE - WASHINGTON, DC 20020	52-1873268	501(C)(3)	5,760.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN'S LAW CENTER, INC. 501 3RD STREET NW, 8TH FLOOR WASHINGTON, DC 20001	52-1961588	501(C)(3)	7,494.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHORAL ARTS SOCIETY OF WASHINGTON, THE - 1666 CONNECTICUT AVE NW, SUITE 525 - WASHINGTON, DC 20009	52-0895826	501(C)(3)	14,290.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHRIST HOUSE 1717 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-1362103	501(C)(3)	19,034.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CITY CHOIR OF WASHINGTON, THE 5752 MACARTHUR BOULEVARD NW WASHINGTON, DC 20016	22-3944441	501(C)(3)	15,721.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CITY GATE 3920 ALTON PLACE, NW WASHINGTON, DC 20016	52-2272180	501(C)(3)	6,661.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COALITION FOR THE HOMELESS, INC. 1234 MASSACHUSETTS AVE NW, SUITE C- WASHINGTON, DC 20005	52-1245499	501(C)(3)	36,632.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COLLEGE BOUND, INC. 128 M STREET, N.W., SUITE 220 WASHINGTON, DC 20001	52-1761312	501(C)(3)	15,103.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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COMMUNITY OF HOPE 4 ATLANTIC STREET SW WASHINGTON, DC 20032	52-1184749	501(C)(3)	15,458.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY REACH OF MONTGOMERY COUNTY - 1010 GRANDIN AVENUE, SUITE A1 - ROCKVILLE, MD 20851	52-0910334	501(C)(3)	7,225.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY SERVICES AGENCY OF THE METRO WASHINGTON AFL-CIO - 888 16TH STREET, NW, SUITE 520 - WASHINGTON, DC 20006	52-1718506	501(C)(3)	19,885.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMUNIDAD 6131 WILLSTON DR. FALLS CHURCH, VA 22044	82-5116442	501(C)(3)	8,044.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CONQUER CANCER FOUNDATION 2318 MILL ROAD, SUITE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	5,375.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CORNERSTONES VA, INC. 11150 SUNSET HILLS ROAD, SUITE 210 RESTON, VA 20190	54-1037615	501(C)(3)	10,805.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COURT APPOINTED SPECIAL ADVOCATE (CASA) - 6811 KENILWORTH AVE, SUITE 402 - RIVERDALE, MD 20737	52-1772617	501(C)(3)	10,749.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DAMASCUS HELP, INC. PO BOX 126 DAMASCUS, MD 20872	52-1651722	501(C)(3)	8,518.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC CENTRAL KITCHEN 425 2ND STREET, N.W. WASHINGTON, DC 20001	52-1584936	501(C)(3)	115,903.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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DC CHILDREN'S ADVOCACY CENTER 429 O STREET NW WASHINGTON, DC 20001	52-1888617	501(C)(3)	6,486.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC RAPE CRISIS CENTER 5321 1ST PLACE NE REAR WASHINGTON, DC 20011	23-7377193	501(C)(3)	8,946.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC SCORES 1140 CONNECTICUT AVE NW, SUITE 1200 WASHINGTON, DC 20036	52-2230721	501(C)(3)	5,021.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC YOUTH ORCHESTRA PROGRAM, INC. (DCYOP) - 1700 EAST CAPITOL STREET NE - WASHINGTON, DC 20003	52-6059783	501(C)(3)	18,996.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	52-0607998	501(C)(3)	13,559.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DIABETES NATIONAL INSTITUTE 9109 LEVELLE DR CHEVY CHASE, MD 20815	52-2184099	501(C)(3)	13,362.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DISTRICT ALLIANCE FOR SAFE HOUSING, INC. - PO BOX 91730 - WASHINGTON, DC 20090	71-1019574	501(C)(3)	6,640.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DISTRICT OF COLUMBIA COLLEGE ACCESS PROGRAM - 1029 VERMONT AVE NW, SUITE 400 - WASHINGTON, DC 20005	52-2132835	501(C)(3)	6,499.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DOORWAYS FOR WOMEN AND FAMILIES P.O. BOX 100185 ARLINGTON, VA 22210	54-1087829	501(C)(3)	33,889.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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DOWN SYNDROME ASSOCIATION OF NORTHERN VA - 10467 WHITE GRANITE DRIVE, SUITE 320 - OAKTON, VA 22124	68-0605947	501(C)(3)	7,907.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EAST RIVER FAMILY STRENGTHENING COLLABORATIVE - 3917 MINNESOTA AVENUE NE - WASHINGTON, DC 20019	52-2277915	501(C)(3)	5,413.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EASTER SEALS GREATER WASHINGTON 1420 SPRING STREET SILVER SPRING, MD 20910	53-0212296	501(C)(3)	6,962.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ECHO, INC. 7205 OLD KEENE MILL ROAD SPRINGFIELD, VA 22150	54-0852799	501(C)(3)	45,363.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EDUCATIONAL THEATRE COMPANY 1716 S TAYLOR STREET ARLINGTON, VA 22204	52-2081464	501(C)(3)	15,227.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ELIZABETH SETON HIGH SCHOOL 5715 EMERSON STREET BLADENSBURG, MD 20710	52-0729718	501(C)(3)	30,953.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EVERYONE HOME DC 415 2ND STREET NE, 3RD FLOOR WASHINGTON, DC 20002	52-0853501	501(C)(3)	13,086.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FACETS CARES, INC. 10640 PAGE AVENUE, #300 FAIRFAX, VA 22030	54-1516266	501(C)(3)	8,411.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX CASA, INC. 4103 CHAIN BRIDGE RD SUITE 200 FAIRFAX, VA 22030	54-1555197	501(C)(3)	11,047.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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FAIRFAX COUNTY PARK FOUNDATION 12055 GOVERNMENT CENTER PARKWAY, SU FAIRFAX, VA 22035	54-2019179	501(C)(3)	14,009.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX COUNTY PUBLIC LIBRARY FOUNDATION - 12000 GOVERNMENT CENTER PARKWAY, SUITE 324 - FAIRFAX, VA 22035	54-1722709	501(C)(3)	18,644.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX FISH, INC. PO BOX 2254 FAIRFAX, VA 22031	51-0205774	501(C)(3)	14,328.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX VOLUNTEER FIRE DEPARTMENT, INC. - 4081 UNIVERSITY DRIVE - FAIRFAX, VA 22030	23-7383319	501(C)(3)	6,320.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FALLS CHURCH COMMUNITY SERVICE COUNCIL - 7416 ARLINGTON BLVD - FALLS CHURCH, VA 22042	23-7404772	501(C)(3)	6,154.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FANCY CATS RESCUE TEAM, INC. P.O. BOX 182 HERNDON, VA 20172	54-1859914	501(C)(3)	32,284.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FELINE FOUNDATION OF GREATER WASHINGTON - 11160 C1 SOUTH LAKES DRIVE, #707 - RESTON, VA 20191	54-1749459	501(C)(3)	15,041.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PKWY, SUITE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	10,449.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FISHING SCHOOL, INC. TOM LEWIS YOUTH & FAMILY SUPPRT CENTER, 4737 MEADE STREET NE - WASHINGTON, D	52-1736536	501(C)(3)	22,295.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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FOOD & FRIENDS 219 RIGGS ROAD, NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	57,826.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FOOD ON THE STOVE 1026 COOK DRIVE, SE WASHINGTON, DC 20032	82-4248331	501(C)(3)	19,126.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FOR LOVE OF CHILDREN (FLOC) 1763 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-6064548	501(C)(3)	30,173.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FREE MINDS BOOK CLUB & WRITING WORKSHOP - 2201 P STREET NW - WASHINGTON, DC 20037	43-2066514	501(C)(3)	16,620.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF FORT DUPONT ICE ARENA 3779 ELY PLACE, SE WASHINGTON, DC 20019	52-1985982	501(C)(3)	23,671.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	5,113.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF HOMELESS ANIMALS 39710 GOODPUPPY LANE ALDIE, VA 20105	23-7355910	501(C)(3)	34,051.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF PATIENTS AT THE NIH 9000 ROCKVILLE PIKE, BLDG 10 CRC, R BETHESDA, MD 20892	52-1449492	501(C)(3)	8,685.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF THE LIBRARY, MONTGOMERY COUNTY - 21 MARYLAND AVENUE - ROCKVILLE, MD 20850	52-1283371	501(C)(3)	6,453.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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FRIENDSHIP PLACE 4713 WISCONSIN AVENUE, N.W. WASHINGTON, DC 20016	52-1925494	501(C)(3)	10,017.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GAITHERSBURG HELP, INC. 301 MUDDY BRANCH ROAD GAITHERSBURG, MD 20878	23-7413600	501(C)(3)	26,851.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GAITHERSBURG MEALS ON WHEELS, INC. 19818 FALLING SPRING COURT GAITHERSBURG, MD 20882	52-1208868	501(C)(3)	10,693.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GEORGETOWN VISITATION PREPARATORY SCHOOL - 1524 35TH ST NW - WASHINGTON, DC 20007	47-1142687	501(C)(3)	13,331.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVE NW, SUITE M-2 - WASHINGTON, DC 20008	54-0732966	501(C)(3)	22,508.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GONZAGA COLLEGE HIGH SCHOOL 19 I STREET NW WASHINGTON, DC 20001	53-0204703	501(C)(3)	23,049.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GOOD SHEPHERD HOUSING FOUNDATION 13190 CENTERPOINTE WAY, SUITE 102 WOODBIDGE, VA 22193	54-1506110	501(C)(3)	6,133.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GOODWILL OF GREATER WASHINGTON 1140 3RD STREET NE, SUITE 350 WASHINGTON, DC 20002	53-0196588	501(C)(3)	9,436.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HABITAT FOR HUMANITY OF METRO MARYLAND - 8380 COLESVILLE ROAD, SUITE 700 - SILVER SPRING, MD 20910	52-1299516	501(C)(3)	28,891.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HABITAT FOR HUMANITY OF PRINCE WILLIAM - 10159 HASTINGS DRIVE - MANASSAS, VA 20110	54-1721394	501(C)(3)	17,757.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196508	501(C)(3)	7,411.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HEROES, INC. 1200 29TH STREET NW WASHINGTON, DC 20007	52-6057916	501(C)(3)	13,586.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOLY TRINITY SCHOOL 1325 36TH STREET, NW WASHINGTON, DC 20007	53-0196509	501(C)(3)	6,332.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOMELESS ANIMALS RESCUE TEAM PO BOX 7261 FAIRFAX STATION, VA 22039	54-1564904	501(C)(3)	72,364.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOMELESS CHILDREN'S PLAYTIME PROJECT - 1525 NEWTON STREET, NW - WASHINGTON, DC 20010	20-3380456	501(C)(3)	21,599.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOMESTRETCH, INC. 303 SOUTH MAPLE AVENUE, SUITE 400 FALLS CHURCH, VA 22046	54-1894391	501(C)(3)	21,929.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOUSE OF RUTH MARYLAND, INC. 2201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501(C)(3)	55,747.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOUSING UP 5101 16TH STREET, N.W. WASHINGTON, DC 20011	52-1675958	501(C)(3)	6,571.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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HUMANE RESCUE ALLIANCE 71 OGLETHORPE STREET NW WASHINGTON, DC 20011	53-0219724	501(C)(3)	107,489.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HUMANE SOCIETY OF FAIRFAX COUNTY, INC. - 4057 CHAIN BRIDGE RD - FAIRFAX, VA 22030	54-6064956	501(C)(3)	42,630.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INOVA HEALTH SYSTEM FOUNDATION 8110 GATEHOUSE ROAD EAST, #200 FALLS CHURCH, VA 22042	54-1071867	501(C)(3)	15,448.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INTERFAITH WORKS, INC. 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	52-1072684	501(C)(3)	12,851.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INTERNATIONAL RESCUE COMMITTEE, INC. - 8719 COLESVILLE RD, 3RD FLOOR - SILVER SPRING, MD 20910	13-5660870	501(C)(3)	13,144.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
IONA SENIOR SERVICES 4125 ALBEMARLE STREET, N.W. WASHINGTON, DC 20016	52-1039553	501(C)(3)	7,449.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
IVY COMMUNITY CHARITIES OF PRINCE GEORGE COUNTY - 6118 WALTON AVENUE - SUITLAND, MD 20746	52-1515992	501(C)(3)	16,808.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEWISH COUNCIL FOR THE AGING OF GREATER WASHINGTON - 12320 PARKLAWN DRIVE - ROCKVILLE, MD 20852	52-0983740	501(C)(3)	9,460.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEWISH FEDERATION OF GREATER WASHINGTON - 6101 MONTROSE RD - ROCKVILLE, MD 20852	53-0212445	501(C)(3)	29,262.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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JEWISH SOCIAL SERVICE AGENCY (JSSA) - 200 WOOD HILL ROAD - ROCKVILLE, MD 20850	53-0196598	501(C)(3)	20,890.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JILL'S HOUSE, INC. 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501(C)(3)	32,441.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHN QUADRINO FOUNDATION PO BOX 4614 FALLS CHURCH, VA 22044	54-1371846	501(C)(3)	8,754.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOSEPH'S HOUSE 1730 LANIER PLACE NW WASHINGTON, DC 20009	52-1693018	501(C)(3)	7,351.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KAPPA SCHOLARSHIP ENDOWMENT FUND, INC. - PO BOX 29331 - WASHINGTON, DC 20017	52-1366872	501(C)(3)	6,120.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KEEN GREATER DC PO BOX 341590 BETHESDA, MD 20827	42-1657976	501(C)(3)	5,256.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KOINONIA FOUNDATION, INC. 6037 FRANCONIA RD ALEXANDRIA, VA 22310	54-0806221	501(C)(3)	11,475.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KOREAN COMMUNITY SERVICE CENTER 7700 LITTLE RIVER TURNPIKE, SUITE 4 ANNANDALE, VA 22003	52-1005984	501(C)(3)	6,759.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LA CLINICA DEL PUEBLO 2831 15TH STREET, NW WASHINGTON, DC 20009	52-1233065	501(C)(3)	11,052.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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LA COCINA VA 1500 N GLEBE ROAD WASHINGTON, DC 20009	52-1942551	501(C)(3)	13,744.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
L'ARCHE GREATER WASHINGTON, DC 2474 ONTARIO ROAD NW ARLINGTON, VA 22207	46-2037695	501(C)(3)	5,135.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD, N.W. WASHINGTON, DC 20009	52-1023074	501(C)(3)	8,393.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LATINO ECONOMIC DEVELOPMENT CORPORATION - 641 S STREET NW - WASHINGTON, DC 20001	52-1749216	501(C)(3)	12,533.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LAUREL ADVOCACY & REFERRAL SERVICES, INC - 311 LAUREL AVE - LAUREL, MD 20707	52-1537336	501(C)(3)	19,459.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEGAL AID JUSTICE CENTER 6066 LEESBURG PIKE, SUITE 520 FALLS CHURCH, VA 22041	54-0884513	501(C)(3)	11,667.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEGAL AID SOCIETY OF THE 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501(C)(3)	25,672.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEGAL SERVICES OF NORTHERN VIRGINIA - 4080 CHAIN BRIDGE ROAD, 2ND FLOOR - FAIRFAX, VA 22030	54-1137931	501(C)(3)	10,062.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEUKEMIA LYMPHOMA SOCIETY PO BOX 22446 NEW YORK, NY 10087	13-5644916	501(C)(3)	13,750.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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LGG UPLIFT FOUNDATION, INC. 11336 DRUMSHEUGH LANE UPPER MARLBORO, MD 20774	52-2315183	501(C)(3)	12,448.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LINK, INCORPORATED PO BOX 443 STERLING, VA 20167	52-1326040	501(C)(3)	11,069.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LITERACY COUNCIL OF NORTHERN VIRGINIA - 2855 ANNANDALE ROAD - FALLS CHURCH, VA 22042	23-7098748	501(C)(3)	5,655.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LITERACY VOLUNTEERS OF AMERICA PRINCE WILLIAM - 4326 DALE BOULEVARD, SUITE 2 - WOODBRIDGE, VA 22193	54-1590421	501(C)(3)	6,590.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LITTLE LIGHTS URBAN MINISTRIES 760 7TH STREET SE WASHINGTON, DC 20003	52-2125232	501(C)(3)	16,248.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN CITIZENS FOR SOCIAL JUSTICE - 105 E. MARKET ST - LEESBURG, VA 20176	54-1282756	501(C)(3)	24,371.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN HABITAT FOR HUMANITY 700 FIELDSTONE DRIVE, SUITE 128 LEESBURG, VA 20176	54-1666448	501(C)(3)	12,513.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN HUNGER RELIEF, INC. 750 MILLER DRIVE, SUITE A-1 LEESBURG, VA 20175	54-1591635	501(C)(3)	37,487.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LUCKY DOG ANIMAL RESCUE 5159 LEE HIGHWAY ARLINGTON, VA 22207	30-0559037	501(C)(3)	35,793.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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LUTHERAN SOCIAL SERVICES 7401 LEESBURG PIKE FALLS CHURCH, VA 22043	53-0207407	501(C)(3)	21,976.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LYNN HOUSE OF POTOMAC VALLEY, INC. 4400 WEST BRADDOCK ROAD ALEXANDRIA, VA 22304	52-0808109	501(C)(3)	5,001.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MANNA FOOD CENTER, INC. 9311 GAITHER ROAD GAITHERSBURG, MD 20877	52-1289203	501(C)(3)	191,299.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARTHA'S TABLE, INC. 2375 ELVANS ROAD SE WASHINGTON, DC 20020	52-1186071	501(C)(3)	145,880.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARY'S CENTER FOR MATERNAL & CHILD CARE, INC. - 2333 ONTARIO RD NW - WASHINGTON, DC 20009	52-1594116	501(C)(3)	12,857.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MONTGOMERY COUNTY COALITION FOR THE HOMELESS - 600-B EAST GUIDE DRIVE, SUITE B - ROCKVILLE, MD 20850	52-1735674	501(C)(3)	30,541.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION - 850 HUNGERFORD DR RM 149 - ROCKVILLE, MD 20850	52-1804509	501(C)(3)	5,435.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MUSIC FOR LIFE 7453 LONG PINE DRIVE SPRINGFIELD, VA 22151	27-2981666	501(C)(3)	10,321.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MUTT LOVE RESCUE, INC. PO BOX 1005 FAIRFAX, VA 22038	90-0580604	501(C)(3)	19,533.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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MY SISTER'S PLACE, INC. (MSP) P.O. BOX 29596 WASHINGTON, DC 20017	52-1263256	501(C)(3)	21,683.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
N STREET VILLAGE 1333 N STREET, N.W. WASHINGTON, DC 20005	52-1007373	501(C)(3)	46,892.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NAMI MONTGOMERY COUNTY (MD) 11718 PARKLAWN DRIVE ROCKVILLE, MD 20852	52-1150412	501(C)(3)	10,189.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NAMI- NORTHERN VIRGINIA PO BOX 8693 RESTON, VA 20195	51-0241920	501(C)(3)	11,977.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL CENTER FOR CHILDREN & FAMILIES - 6301 GREENTREE ROAD - BETHESDA, MD 20817	52-0591586	501(C)(3)	14,820.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL KIDNEY FOUNDATION 1600 TYSONS BOULEVARD, SUITE 330 MC LEAN, VA 22102	13-1673104	501(C)(3)	18,869.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NEIGHBORHOOD HEALTH P.O. BOX 2518 ALEXANDRIA, VA 22301	54-1849891	501(C)(3)	5,574.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NEW ENDEAVORS BY WOMEN 611 N STREET NW WASHINGTON, DC 20001	52-1547845	501(C)(3)	6,080.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NEW HOPE HOUSING, INC. 8407 E RICHMOND HWY ALEXANDRIA, VA 22309	54-1060634	501(C)(3)	13,636.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DR, SUITE 100 VIENNA, VA 22182	44-0610626	501(C)(3)	20,000.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NORTHERN VIRGINIA FELLOWSHIP CHRISTIAN ATHLETES - 8925 LEESBURG PIKE - OAKTON, VA 22124	54-0791977	501(C)(3)	10,651.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NORTHWEST CENTER, INC. 2702 ONTARIO ST NW WASHINGTON, DC 20009	52-1606784	501(C)(3)	5,079.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
OFFENDER AID AND RESTORATION ARLINGTON COUNTY - 1400 NORTH UHLE STREET, SUITE 704 - ARLINGTON, VA 22201	54-1024562	501(C)(3)	8,414.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ONE MINISTRIES - UNIQUE LEARNING CENTER - 1615 3RD STREET NW - WASHINGTON, DC 20001	23-7399346	501(C)(3)	7,581.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PARTNERSHIP FOR ANIMAL WELFARE, INC. - P.O. BOX 1074 - GREENBELT, MD 20768	52-1979581	501(C)(3)	16,028.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PATH FORWARD 2020-A 14TH STREET N ARLINGTON, VA 22201	54-1615993	501(C)(3)	34,279.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PATHWAYS TO HOUSING, D.C. 828 EVARTS STREET NE WASHINGTON, DC 20018	37-1464353	501(C)(3)	14,265.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PLANNED PARENTHOOD OF METRO WASHINGTON - PO BOX 34128 - WASHINGTON, DC 20043	53-0204621	501(C)(3)	174,018.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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PRINCE WILLIAM COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION - PO BOX 389 - MANASSAS, VA 20108	54-1498824	501(C)(3)	20,242.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
READING IS FUNDAMENTAL OF NORTHERN VIRGINIA - 1800 HORNER ROAD - WOODBRIDGE, VA 22191	51-0155758	501(C)(3)	9,981.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
RISING FOR JUSTICE INC. 4340 CONNECTICUT AVE NW WASHINGTON, DC 20008	52-0847160	501(C)(3)	5,461.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
RONALD MCDONALD HOUSE, CHARITIES OF GREATER WASHINGTON - 3727 14TH STREET NE - WASHINGTON, DC 20017	52-1132262	501(C)(3)	31,614.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
RUDE RANCH ANIMAL RESCUE 3200 IVY WAY HARWOOD, MD 20776	52-2312763	501(C)(3)	25,032.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SAMARITAN MINISTRY OF GREATER WASHINGTON - 1516 HAMILTON STREET, N.W. - WASHINGTON, DC 20011	52-1434143	501(C)(3)	5,018.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SANCTITY OF LIFE MINISTRIES 3919 OLD LEE HWY, SUITE 81-B FAIRFAX, VA 22030	54-1377782	501(C)(3)	7,796.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SASHA BRUCE YOUTHWORK, INC. 741 8TH STREET, S.E. WASHINGTON, DC 20003	52-1006486	501(C)(3)	28,627.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SCHOLARSHIP FUND OF ALEXANDRIA, THE - 3330 KING ST - ALEXANDRIA, VA 22302	20-0031464	501(C)(3)	7,799.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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SECOND CHANCE WILDLIFE CENTER 7101 BARCELONA DRIVE GAITHERSBURG, MD 20879	52-1927600	501(C)(3)	20,044.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SECOND STORY 2100 GALLOWS ROAD VIENNA, VA 22182	54-0899463	501(C)(3)	25,355.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE - 410 7TH STREET SE - WASHINGTON, DC 20003	52-1394900	501(C)(3)	31,240.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SHABACH! MINISTRIES, INC. 3600 BRIGHTSEAT RD. LANDOVER, MD 20785	52-1966871	501(C)(3)	20,311.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SHELTER HOUSE, INC. 12310 PINECREST ROAD, SUITE 304 RESTON, VA 20191	52-1217106	501(C)(3)	18,561.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SIBLEY MEMORIAL HOSPITAL FOUNDATION - 5255 LOUGHBORO ROAD NW - WASHINGTON, DC 20016	45-0562642	501(C)(3)	5,555.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SITAR ARTS CENTER 1700 KALORAMA ROAD, NW, SUITE 101 WASHINGTON, DC 20009	52-2113471	501(C)(3)	8,253.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SO OTHERS MIGHT EAT (SOME) 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	439,219.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SOCIETY FOR THE PREVENTION OF CRUELTY ANIMALS OF NORTHERN VIRGINIA - PO BOX 100220 - ARLINGTON, VA 22210	54-1627788	501(C)(3)	16,826.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Schedule I (Form 990)

## UNITED WAY OF THE NATIONAL CAPITAL AREA

53-0234290

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH CATHOLIC CENTER, INC. 924 G STREET NW WASHINGTON, DC 20001	52-0980905	501(C)(3)	6,029.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SPECIAL OLYMPICS MARYLAND 3701 COMMERCE DRIVE, SUITE 103 BALTIMORE, MD 21227	23-7089144	501(C)(3)	17,171.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SPECIAL OLYMPICS VIRGINIA 11350 RANDOM HILLS ROAD, SUITE C-14 FAIRFAX, VA 22030	54-1013637	501(C)(3)	19,132.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. ANN'S CENTER FOR CHILDREN, YOUTH & FAMILIES - 4901 EASTERN AVENUE - HYATTSVILLE, MD 20782	53-0204626	501(C)(3)	32,770.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. ANSELM'S ABBEY SCHOOL 4501 SOUTH DAKOTA AVENUE, N.E. WASHINGTON, DC 20017	26-0348269	501(C)(3)	6,438.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. AUGUSTINE CATHOLIC SCHOOL 1419 V STREET NW WASHINGTON, DC 20009	52-0742299	501(C)(3)	21,758.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	26,675.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
STEM FOR HER FOUNDATION 200 LITTLE FALLS ROAD, SUITE 205 FALLS CHURCH, VA 22046	90-0136831	501(C)(3)	8,352.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
STROKE COMEBACK CENTER 145 PARK STREET SE VIENNA, VA 22180	54-2012975	501(C)(3)	78,978.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE LAMB CENTER PO BOX 1385 FAIRFAX, VA 22038	41-2222581	501(C)(3)	13,520.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE PEOPLE WHO CARE PROJECT 1341 H STREET NE, 2ND FLOOR WASHINGTON, DC 20002	80-0318600	501(C)(3)	6,590.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE - 6560 BRADDOCK RD - ALEXANDRIA, VA 22312	54-1964039	501(C)(3)	5,865.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THRIVE DC 1525 NEWTON STREET NW, SUITE G1 WASHINGTON, DC 20010	52-1485474	501(C)(3)	17,281.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED BLACK FUND, INC. OF GREATER WASHINGTON - PO BOX 7051 - WASHINGTON, DC 20032	23-7067271	501(C)(3)	8,408.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	13,195.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED NEGRO COLLEGE FUND, INC. 1805 7TH STREET NW, 4TH FLOOR WASHINGTON, DC 20001	13-1624241	501(C)(3)	18,626.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED STATES VETERANS INITIATIVE 152 WAYNE PLACE SE WASHINGTON, DC 20032	95-4382752	501(C)(3)	6,897.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY ALLIANCE OF THE MID OHIO VALLEY - 404 MARKET STREET, SUITE 204 - PARKERSBURG, WV 26101	55-0403123	501(C)(3)	8,515.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)



Schedule I (Form 990)

## UNITED WAY OF THE NATIONAL CAPITAL AREA

53-0234290

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	8,212.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF MONONGALIA & PRESTON COUNTIES - 278-C SPRUCE STREET - MORGANTOWN, WV 26505	55-0462065	501(C)(3)	12,562.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF NORTHERN SHENANDOAH VALLEY - 329 N. CAMERON ST. STE 201 - WINCHESTER, VA 22601	54-0525106	501(C)(3)	37,573.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF WEST FLORIDA 1301 WEST GOVERNMENT STREET PENSACOLA, FL 32502	59-0651076	501(C)(3)	72,512.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNIVERSITY OF THE DISTRICT OF COLUMBIA FOUNDATION - 4200 CONNECTICUT AVENUE, N.W. - WASHINGTON, DC 20008	52-1152624	501(C)(3)	6,707.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
USO OF METROPOLITAN WASHINGTON-BALTIMORE - 228 MCNAIR ROAD, BLDG. 405 - FORT MYER, VA 22211	53-0204665	501(C)(3)	21,803.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON, DC 20017	52-2336694	501(C)(3)	6,316.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WASHINGTON LEGAL CLINIC FOR THE HOMELESS - 1200 U ST NW, 3RD FLOOR - WASHINGTON, DC 20009	52-1545522	501(C)(3)	12,728.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WASHINGTON MASTER CHORALE PO BOX 53479 WASHINGTON, DC 20009	27-1102811	501(C)(3)	8,372.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON SCHOOL FOR GIRLS 1901 MISSISSIPPI AVENUE, SE, SUITE WASHINGTON, DC 20020	52-2031849	501(C)(3)	7,662.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WASHINGTON TENNIS AND EDUCATION FOUNDATION - 16TH & KENNEDY STS NW - WASHINGTON, DC 20011	52-6046504	501(C)(3)	5,070.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WESTERN FAIRFAX CHRISTIAN MINISTRIES - P.O. BOX 220802 - CHANTILLY, VA 20153	54-1606629	501(C)(3)	6,318.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WHITMAN-WALKER FOUNDATION 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501(C)(3)	48,935.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	23-7011544	501(C)(3)	54,410.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WOMEN'S CENTER, THE 133 PARK STREET NE VIENNA, VA 22180	23-7423496	501(C)(3)	7,179.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WOUNDED WARRIOR PROJECT INC. PO BOX 75817 TOPEKA, KS 66675	20-2370934	501(C)(3)	5,862.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WUMCO HELP, INC. P.O. BOX 247 POOLESVILLE, MD 20837	52-1425830	501(C)(3)	9,786.	0.			DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

**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 noncash assistance

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

PART I, LINE 2:

GRANTEES MUST MEET ELIGIBILITY REQUIREMENTS TO QUALIFY FOR A GRANT. IN  
 ADDITION, THEY MUST SUBMIT ONE OR MORE INTERIM AND A FINAL REPORT DETAILING  
 THE USE OF GRANT FUNDS AND OUTCOMES. PRIOR TO PROCESSING INTERIM OR FINAL  
 GRANT PAYMENTS, ALL REPORTS ARE REVIEWED TO ENSURE PROGRAM REQUIREMENTS  
 HAVE BEEN MET.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **UNITED WAY OF THE NATIONAL CAPITAL AREA**  
 Employer identification number: **53-0234290**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSIE ALLEN-HERRING PRESIDENT & CEO	(i)	407,433.	140,000.	0.	42,700.	27,163.	617,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEVIN SMITH CHIEF FINANCIAL OFFICER	(i)	248,646.	30,000.	0.	36,093.	24,803.	339,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NEDELKA PHILLIPS SR. VP OF RD & MARKETING	(i)	187,737.	3,000.	0.	24,957.	10,853.	226,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANTHONY PAUL VP, INFORMATION TECHNOLOGY	(i)	155,272.	5,000.	0.	10,680.	24,524.	195,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GABRIELLE SHERB VP, DEVELOPMENT & DONOR ENGAGEMENT	(i)	167,108.	2,100.	0.	12,843.	710.	182,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROSE JOHNSON VP, HUMAN RESOURCES	(i)	150,700.	5,000.	0.	12,004.	9,122.	176,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SANDRA HARRINGTON SR DIR, DONATION SERVICES	(i)	124,250.	2,500.	0.	10,458.	21,396.	158,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

SEE SCHEDULE O - PART VI.11B

PART I, LINE 7:

DURING THE FISCAL YEAR JUNE 30, 2022, THE BOARD OF DIRECTORS AWARDED ROSIE ALLEN-HERRING A PERFORMANCE-BASED BONUS OF \$165,000. THE PRESIDENT AND CEO AWARDED THE FOLLOWING BONUSES: (A) \$40,000 TO KEVIN SMITH, (B) \$7,500 TO ANTHONY PAUL, (C) \$7,500 TO ROSE JOHNSON, (D) \$15,000 TO NEDELKA PHILLIPS, (E) \$5,569 TO GABRIELLE SHERB, AND (F) \$2,750 TO SANDRA HARRINGTON.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE NATIONAL CAPITAL AREA

Employer identification number

53-0234290

**PART III, LINE 1: ORGANIZATION'S MISSION**

UNITED WAY NCA IS A NOT-FOR-PROFIT ORGANIZATION LOCALLY GOVERNED BY A  
VOLUNTEER BOARD OF COMMUNITY LEADERS. UNITED WAY NCA PURSUES ITS  
MISSION BY FIGHTING FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY  
OF EVERY PERSON IN THE REGION. FURTHERMORE, UNITED WAY NCA IS  
COMMITTED TO MAKING A POSITIVE DIFFERENCE IN THE COMMUNITY AND TO  
HAVING AN ORGANIZATION THAT IS RELEVANT TO ALL PEOPLE, CULTURES, AND  
COMMUNITIES. UNITED WAY NCA IS ACCOUNTABLE FOR ITS WORK AND RESULTS.  
UNITED WAY NCA ACTS IN WAYS THAT RESPECT THE DIGNITY, UNIQUENESS, AND  
INTRINSIC WORTH OF EVERY PERSON IN THE COMMUNITY.

UNITED WAY NCA HOLDS ITSELF ACCOUNTABLE BY INFUSING DIVERSITY, EQUITY,  
AND INCLUSION IN ALL OF ITS BUSINESS OPERATIONS AND COMMUNITY IMPACT  
INITIATIVES. UNITED WAY NCA'S LEADERSHIP, BOARD, STAFF, PARTNERS, AND  
VOLUNTEERS SUPPORT ANTI-RACIST WORK THAT EXPOSES AND DISMANTLES  
INSTITUTIONAL AND SYSTEMIC RACISM AND ALL FORMS OF INJUSTICE.  
COMMITMENT TO RACIAL EQUITY IS THE CORE OF WHO UNITED WAY NCA IS,  
SERVES, AND SUPPORTS. UNITED WAY NCA REPRESENTS A COLLECTIVE COMMUNITY  
THAT CARES. UNITED WAY NCA CONTINUES TO SERVE AND INTENTIONALLY LIFT  
UP THOSE WHO ARE MARGINALIZED BECAUSE OF THEIR INTERSECTIONAL  
IDENTITIES, WHICH INCLUDES RACE, AGE, CLASS, GENDER IDENTITY, SEXUAL  
ORIENTATION, RELIGION, EDUCATION, ABILITY, CULTURE, AND LANGUAGE.  
UNITED WAY NCA CHAMPIONS COLLABORATION, COMMUNITY CONNECTIONS AND  
CRITICAL CONVERSATIONS THAT ADVANCES OUR JOURNEY TOWARDS EQUITY FOR ALL  
PEOPLE ACROSS THE GREATER WASHINGTON, DC METRO AREA. ACHIEVING EQUITY

IS NOT A SPRINT, BUT RATHER A LIFELONG MARATHON. UNITED WAY NCA MAKES

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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ROOM FOR ALL WHO ARE READY TO JOIN THIS JOURNEY. UNITED WAY NCA WILL CONTINUE TO TAKE BOLD STRIDES AND COMMIT RESOURCES TO ATTAIN EQUITY FOR EVERYONE BECAUSE WHEN NONE ARE IGNORED, ALL WILL THRIVE!

IN JUNE 2020, UNITED WAY NCA COMPLETED ITS FIRST FIVE-YEAR COMMUNITY COMMITMENT THAT TACKLED COMPLEX ISSUES LIKE POOR HEALTH, SCHOOL GRADUATION AND POVERTY. UNITED WAY NCA IS PROUD OF ITS MANY IMPACTS, INCLUDING PROVIDING 4.26 MILLION MEALS TO FOOD-INSECURE STUDENTS AND FAMILIES AND PUTTING NEARLY \$81 MILLION BACK IN THE POCKETS OF WORKING FAMILIES' TAX REFUNDS THROUGH FREE TAX PREPARATION AND FINANCIAL COACHING. IN JULY 2020, UNITED WAY NCA LAUNCHED THE NEXT PHASE OF ITS STRATEGIC PROGRAMMATIC DIRECTION FOCUSED ON MAKING BOLD STRIDES FOCUSED ON ACHIEVING EQUITY FOR ALL COMMUNITY MEMBERS, REGARDLESS OF RACE, GENDER, INCOME AND ABILITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RECEIVING COVID-19 EDUCATION, AND 126,993 INDIVIDUALS REACHED THROUGH PASSIVE OUTREACH IN HIGH-RISK COMMUNITIES. THE PROGRAM ALSO BUILT AND DISTRIBUTED 2,000 PPE KITS AND PROVIDED \$6,071,048 IN PRESCRIPTION SAVINGS TO INDIVIDUALS AND FAMILIES ACROSS THE REGION.

UNITED WAY NCA'S EDUCATION INITIATIVES PROVIDE HIGH-QUALITY RESOURCES THOROUGH THE COMMUNITY SCHOOL MODEL TO SUPPORT STUDENTS AND YOUNG ADULTS IN REALIZING THEIR ACADEMIC AND TRAINING GOALS. UNITED WAY NCA PARTNERS WITH SIX COMMUNITY SCHOOLS DESIGNATED AS TITLE I SCHOOLS. TITLE I SCHOOLS RECEIVE FEDERAL FINANCIAL ASSISTANCE WITH HIGH PERCENTAGES OF CHILDREN FROM FAMILIES WITH LOW INCOME AND 80% OF STUDENTS ARE



Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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RECIPIENTS OF FREE AND REDUCED MEALS (FARMS). THE COMMUNITY SCHOOLS INITIATIVE SUPPORTS A PLACE-BASED STRATEGY IN WHICH EACH SCHOOL PARTNERS WITH COMMUNITY AGENCIES AND ALLOCATES RESOURCES TO PROVIDE AN INTEGRATED FOCUS ON ACADEMICS, HEALTH AND SOCIAL SERVICES, YOUTH AND COMMUNITY DEVELOPMENT, AND COMMUNITY ENGAGEMENT. THIS STRATEGY AIMS TO SUPPORT COMMUNITY SCHOOLS LOCATED IN NEIGHBORHOODS WHERE STRUCTURAL FORCES LINKED TO RACISM AND POVERTY SHAPE THE EXPERIENCES OF YOUNG PEOPLE AND ERECT BARRIERS TO LEARNING AND SCHOOL SUCCESS. THE SIX COMMUNITY SCHOOLS THAT UNITED WAY NCA PARTNERS WITH ARE BASED IN COMMUNITIES WHERE FAMILIES HAVE FEW RESOURCES TO SUPPLEMENT WHAT TYPICAL SCHOOLS PROVIDE. THROUGH UNITED WAY NCA'S COMMUNITY SCHOOLS, 5,195 STUDENTS WERE SERVED ADDRESSING ATTENDANCE, BEHAVIOR AND COURSE PERFORMANCE; AND 21,959 STUDENTS WERE SERVED THROUGH UNITED WAY NCA'S CHARACTER PLAYBOOK PROGRAM FOCUSED ON CHARACTER DEVELOPMENT AND HEALTHY RELATIONSHIPS. IN RESPONSE TO THE IMPACT OF COVID-19 ON ACADEMIC ACHIEVMENT, UNITED WAY NCA CONTINUED TO SUPPORT THE ESSENTIAL NEEDS THAT STUDENTS AND FAMILIES REQUIRE TO ATTEND AND SUCCEED AT SCHOOL. THIS INCLUDES 8,931 KITS CONTAINING FOOD, SCHOOL SUPPLIES, AND WARM CLOTHING THAT WERE ASSEMBLED AND DISTRIBUTED ACROSS THE REGION. UNITED WAY NCA'S THRIVE UNITED 365 HEALTH PROGRAM PROVIDES EQUITABLE ACCESS TO THE DISTRIBUTION OF HEALTH RESOURCES AND IMPROVES PEOPLE'S LIVES BY ADDRESSING HEALTH CONDITIONS MOST AFFECTING ITS COMMUNITIES. ADOPTING A COMMUNITY-BASED PUBLIC HEALTH INTERVENTION MODEL, THE PROGRAM SUPPORTS PREVENTION AND CARE MANAGEMENT STRATEGIES TO CREATE LOW-BARRIER HEALTH RESOURCE ACCESS POINTS FOR COMMUNITIES FACING ENDURING HEALTH DISPARITIES. THIS PLACE-BASED WORK INCLUDES EQUITABLE ACCESS TO COVID-19 RESPONSE PROGRAMS, DIABETES PREVENTION AND MANAGEMENT, AND MENTAL HEALTH FIRST AID.

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## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RECEIVED A VARIETY OF FINANCIAL COACHING SERVICES RANGING FROM FREE TAX PREPARATION, FINANCIAL WORKSHOPS, AND HOUSING COUNSELING THAT ARE AIMED AT HELPING OUR REGION'S RESIDENTS GET ON THE PATHWAY TO A STRONGER FINANCIAL FUTURE. THROUGH ITS FREE TAX PREPARATION SERVICES, UNITED WAY NCA RESULTED IN \$12.8 MILLION IN TAX REFUNDS ALLOWING AREA RESIDENTS TO PLAN, SAVE AND GET AHEAD. 892 VETERANS RECEIVED SERVICES TO DEVELOP CAPACITY FOR FINANCIAL LITERACY AND PLANNING, EMPLOYMENT AND ENTREPRENURIAL SKILLS, AND IMPROVE MENTAL HEALTH AND WELLBEING.

## FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD TO THE EXTENT PROVIDED IN THE BYLAWS.

THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE THE CHAIR OF THE BOARD, WHO SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE; THE CHAIR-ELECT; THE SECRETARY, AND; THE TREASURER, PROVIDED, HOWEVER, THAT THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE MUST BE APPROVED BY A MAJORITY OF THE DIRECTORS IN OFFICE. NOTWITHSTANDING THE FOREGOING, IF THERE IS A CHAIR-ELECT, THAT PERSON SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE, AND THE CHAIR OF THE BOARD SHALL BE A MEMBER OF THE EXECUTIVE COMMITTEE. IF THE FOREGOING MEMBERSHIP OF THE EXECUTIVE COMMITTEE IS NOT SO APPROVED, THE BOARD SHALL ELECT A DIFFERENT MEMBERSHIP FOR THE EXECUTIVE COMMITTEE BY VOTE OF A MAJORITY OF THE DIRECTORS IN OFFICE. THE EXECUTIVE COMMITTEE MAY, WHEN THE BOARD IS NOT IN SESSION AND HAS NOT GIVEN SPECIFIC DIRECTIONS, EXERCISE THE POWERS OF THE BOARD AND SHALL REPORT TO THE BOARD AT ITS NEXT REGULARLY SCHEDULED MEETING ON ANY SUCH ACTIONS TAKEN; EXCEPT THAT THE EXECUTIVE

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## COMMITTEE MAY NOT:

(A) APPROVE OR ADOPT A PLAN OF MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION;

(B) ELECT, APPOINT, OR REMOVE ANY DIRECTOR; OR

(C) AMEND OR REPEAL THE ARTICLE OF INCORPORATION OR THE BYLAWS.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT OUTSIDE ACCOUNTING FIRM WITH INPUT FROM MANAGEMENT. ONCE PREPARED IT IS MADE AVAILABLE TO THE BOARD FOR INSPECTION AND FINAL APPROVAL PRIOR TO FILING WITH THE IRS. APPROVAL WILL OCCUR AT THE DECEMBER BOARD OF DIRECTOR'S MEETING FOLLOWING THE FISCAL YEAR TO WHICH THE FORM 990 PERTAINS. THE FORM IS FILED BY THE ORGANIZATION'S INDEPENDENT OUTSIDE ACCOUNTING FIRM.

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

SENIOR MANAGEMENT REVIEWS CONFLICT OF INTEREST STATEMENTS SUBMITTED BY EACH MEMBER OF THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT. THE CONFLICT-OF-INTEREST STATEMENT REQUIRES EACH BOARD MEMBER AND SENIOR MANAGEMENT OFFICIAL TO DISCLOSE NOT ONLY POTENTIAL CONFLICTS, BUT ALL AFFILIATIONS WITH OTHER ORGANIZATIONS. ALSO, MANAGEMENT MONITORS THE POTENTIAL FOR CONFLICTS OF VOLUNTEERS INVOLVED IN THE GRANT APPROVAL PROCESS.

## FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE ESTABLISHES THE CEO'S INITIAL COMPENSATION AND BENEFITS AND ANY CHANGES THERETO. IN DOING SO, THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE COMPARES THE CEO'S COMPENSATION AND BENEFITS OF COMPARABLE ORGANIZATIONS WITH SIMILAR ROLES, AND OF SIMILAR

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SIZE, SCOPE, COMPLEXITY, AND GEOGRAPHY. THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE ALSO REVIEWS THE CEO'S ANNUAL PERFORMANCE IN DETERMINING ANY CHANGES TO COMPENSATION AND BENEFITS. THE ANNUAL REVIEW AND APPROVAL OF THE CEO'S COMPENSATION AND BENEFITS CONDUCTED BY THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE IS APPROPRIATELY AND TIMELY DOCUMENTED IN WRITING.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY NCA MAKES ITS CODE OF CONDUCT, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEB SITE. UNITED WAY NCA'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSSES FROM UNCOLLECTIBLE PLEDGES -694,988.