

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

A F	or the	$\pm$ 2022 calendar year, or tax year beginning $$ JUL $1,$ $2022$ and endi	ing J	<u>UN 30, 2023</u>			
	Check if pplicable	C Name of organization		D Employer identifie	cation number		
	Addres	UNITED FRIENDS OF THE CHILDREN					
	Name change	Doing business as		95-36651	86		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1055 WILSHIRE BOULEVARD  Roor	E Telephone number 213-580-1850				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	8,106,184.			
	Ameno return	LOS ANGELES, CA 90017		H(a) Is this a group re			
	Application pending	F Name and address of principal officer: MAII SINIEREN		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	reluded? Yes No		
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemptio			
	art I	Summary			₫ State of legal domicile: CA		
ø.		Briefly describe the organization's mission or most significant activities: <b>EMPOWER</b>			r and		
Governance		FORMER FOSTER YOUTH ON THEIR JOURNEY TO SELI					
ern8	_	Check this box if the organization discontinued its operations or disposed o	of more t	1			
80	1	Number of voting members of the governing body (Part VI, line 1a)			27		
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			27		
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			63		
ΪŽ		Total number of volunteers (estimate if necessary)			50		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		8,749,435.	7,852,950.		
ine	l	(5.1)(11.1)		0,740,433.	0.		
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,910.	101,623.		
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-62,680.	18,798.		
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,747,665.	7,973,371.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		540,444.	677,587.		
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,051,500.	4,338,458.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		51,600.	49,800.		
<u>6</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 826,970.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,214,575.	2,342,353.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,858,119.	7,408,198.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,889,546.	565,173.		
Net Assets or				jinning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)	.	<u>10,213,033.</u>	11,628,857.		
et A	21	Total liabilities (Part X, line 26)		1,458,159.	1,805,044.		
Z.	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		8,754,874.	9,823,813.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	ctatamai	nte and to the heet of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			Kilowieuge allu bellei, it is		
ti do,	, 001100	Gaile complete. Books and or property (early than ormos) to become on an information of without p	лорагог г	ido arry idrowrougo:			
Sigi	n	Signature of officer		Date			
Her		MATT STRIEKER, CHIEF EXECUTIVE OFFICER					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN		
Paid	ı	LIZBETH G. NEVAREZ LIZBETH G. NEVAREZ	<b>3</b> 0.	5/14/24 self-employ			
Prep	arer	Firm's name GREEN HASSON & JANKS LLP			5-1777440		
Use	Only	Firm's address 700 S FLOWER STREET, SUITE 3300					
		LOS ANGELES, CA 90017		Phone no. 31	<u>0.873.1600</u>		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNITED FRIENDS OF THE CHILDREN EMPOWERS CURRENT AND FORMER FOSTER
	YOUTH ON THEIR JOURNEY TO SELF-SUFFICIENCY THROUGH SERVICE-ENRICHED
	EDUCATION AND HOUSING PROGRAMS, ADVOCACY AND CONSISTENT RELATIONSHIPS
	WITH A COMMUNITY OF PEOPLE WHO CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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	,
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.  (Code: ) (Expenses \$ 3,515,251. including grants of \$ 234,325.) (Revenue \$ 0.)
4a	
	PATHWAYS HOUSING PROGRAM - UNITED FRIENDS' PATHWAYS HOUSING PROGRAM
	PROVIDES EMANCIPATED FOSTER YOUTH IN LOS ANGELES COUNTY BETWEEN THE
	AGES OF 18 AND 24 WITH HOUSING, CAREER/VOCATIONAL COUNSELING AND
	DEVELOPMENT, EDUCATIONAL MENTORING AND ASSISTANCE, HEALTH AND MENTAL
	HEALTH SERVICES, LIFE SKILLS TRAINING, AND ADVOCACY COUNSELING. UNITED
	FRIENDS' RELATIONAL APPROACH EMPHASIZES COMMITMENT AND CONSISTENCY
	WITHIN A FRAMEWORK THAT DEMANDS INCREASING LEVELS OF PERSONAL
	RESPONSIBILITY AND INITIATIVE TO EQUIP AND ENABLE FOSTER YOUTH TO
	BECOME SELF-SUFFICIENT ADULTS.
4b	(Code:) (Expenses \$2,585,084. including grants of \$443,262. ) (Revenue \$)
	SCHOLARS PROGRAM - UNITED FRIENDS' SCHOLARS PROGRAM ALLOWS FOR A
	12-YEAR CONTINUUM OF SUPPORT FOR FOSTER YOUTH AS THEY NAVIGATE CRITICAL
	SCHOOL AND LIFE TRANSITIONS DURING THE MOST VULNERABLE YEARS OF THEIR
	LIVES. WITH A RELATIONSHIP-BASED APPROACH AT ITS CORE, THE SCHOLARS
	PROGRAM ENSURES THAT FOSTER YOUTH IN GRADES 6-12 AND FORMER FOSTER
	YOUTH ENROLLED IN COMMUNITY COLLEGE OR A BACHELOR'S DEGREE-GRANTING
	INSTITUTION HAVE THE SKILLS AND SUPPORT TO PERSIST TO AND THROUGH
	COLLEGE. ENTERING THE WORKFORCE WITH A COLLEGE DEGREE OR TECHNICAL
	CERTIFICATE, OUR STUDENTS ARE MUCH MORE LIKELY TO FIND A CAREER AND
	BUILD A STABLE LIFE FOR THEMSELVES.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses 6,100,335.  Form 990 (2022)
	Form <b>990</b> (2022)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
_	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	In the convenient in a subset of a subset of a subset of 70/h/4//A//:\0.	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del>  ^``</del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/4		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		<sub>~</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<u> </u>	$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

232003 12-13-22

Form 990 (2022) UNITED FRIENDS OF THE CHILDREN

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\overline{}$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
_ ~	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Constant to Contain to a response of frete to any line in this tart v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 48		.03	.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

022) UNITED FRIENDS OF THE CHILDREN

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

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 63										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	<b>b</b> If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37							
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.									
_	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	-22								
С	to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		-21							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h											
8											
	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a	1									
р	Gross income from other sources. (Do not net amounts due or paid to other sources against										
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b											
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		Х							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

Form **990** (2022) 232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 27									
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent1b 27									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	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?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This occion b requests information about policies not required by the internal nevertice code.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	,								
	X Own website Another's website X 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	financ	cial							
	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									
	MATT STRIEKER - 213-580-1850									
	1055 WILSHIRE BOULEVARD, 1550, LOS ANGELES, CA 90017									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l		((	C)		out	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week	box offi	, unle: cer ar	ss per nd a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste		a.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional 1		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MATT STRIEKER	40.00	_	_							
CHIEF EXECUTIVE OFFICER	0.00			Х				225,779.	0.	8,189.
(2) ANGELA CARTER-BLACKSHEAR	40.00									
CHIEF OPERATING OFFICER	0.00				Х			192,034.	0.	6,896.
(3) CARLA PALMER	40.00									
DIRECTOR OF DEVELOPMENT	0.00					X		123,686.	0.	9,250.
(4) ERIC SHAMP	40.00									
DIRECTOR OF INSTITUTIONAL GIVING	0.00					X		114,863.	0.	7,113.
(5) JASMINE GRIFFIS	40.00									
DIRECTOR OF HOUSING	0.00					X		114,791.	0.	6,351.
(6) FRANCISCO ZAMUDIO	40.00									
DIRECTOR, EDUCATION PROGRAMS	0.00					X		111,492.	0.	6,379.
(7) TREMALE DELANO	1.00								_	_
CHAIR TO 1/23/ PAST CHAIR	0.00	Х		Х				0.	0.	0.
(8) ROB FRIEDMAN	1.00								_	_
CO-VICE CHAIR/VICE CHAIR FROM 1/23	0.00	Х		Х				0.	0.	0.
(9) JAYE TOELLNER ROGOVIN	1.00									_
CO-VICE CHAIR/CO-CHAIR FROM 1/23	0.00	Х		Х				0.	0.	0.
(10) PRESTON BROOKS, ESQ.	1.00									
GENERAL COUNSEL/CO-CHAIR FROM 1/23	0.00	Х		Х				0.	0.	0.
(11) WENDY GREUEL	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(12) DEMONTE "TRAY" THOMPSON	1.00			l					•	•
SECRETARY	0.00	Х		Х				0.	0.	0.
(13) AIDA BERDUO BERRY	1.00								•	•
BOARD MEMBER	0.00	Х	_					0.	0.	0.
(14) JUDY BILLINGS	1.00	.,							0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) CAROLYN BLACKWOOD	1.00	37							0	0
BOARD MEMBER		Х						0.	0.	0.
(16) JOHN CAMPISI	1.00	~							0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) ROBERT A. DALY, JR. BOARD MEMBER	1.00	Х						0.	0.	0.
232007 12-13-22	1 0.00	Λ		<u> </u>			<u> </u>	1 0.	0.	Form <b>990</b> (2022)

232007 12-13-22

95-3665186

	Trustees Key Emr								<u> </u>	100 Fage C
Part VII   Section A. Officers, Directors (A)	(B)	Jioy	ees,			gnes	si U	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MITCHELL EVALL, ESQ.	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(19) GISELLE FERNANDEZ BOARD MEMBER	1.00	x						0.	0.	0.
(20) DAVID FISHER BOARD MEMBER	1.00	х						0.	0.	0.
(21) MARIANNA FISHER BOARD MEMBER	1.00	х						0.	0.	0.
(22) DERRIC JOHNSON BOARD MEMBER	1.00	х						0.	0.	0.
(23) BRIDGET GLESS KELLER BOARD MEMBER	1.00	х						0.	0.	0.
(24) JARRED KENNEDY BOARD MEMBER	1.00	х						0.	0.	0.
(25) LAURA JANE KESSNER BOARD MEMBER	1.00	Х						0.	0.	0.
(26) DENNY LURIA, PHD BOARD MEMBER	1.00	Х						0.	0.	0.
								882,645.	0.	44,178.
d Total (add lines 1b and 1c)								882,645.	0.	44,178.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
	FINANCIAL AND	004 550
· · · · · · · · · · · · · · · · · · ·	ACCOUNTING SERVICES MARKETING AND	224,570.
SUITE 200, LOS ANGELES, CA 90025	COMMUNICATIONS CONSU	109,146.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

6

\$100,000 of compensation from the organization

Form 990 UNITED F	RIENDS C	)F	TH	E	CH	IL	DR	EN	95-366	5186
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)				C)			(D) (E) (F)			
Name and title	(B) Average				ition			Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week					yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trust		99	u beu s				and related organizations
	below	dual tr	ıtiona	_	nploy	stcor	-			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD MERKIN, M.D.	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) DINESH MOORJANI	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) ANDE ROSENBLUM	1.00							•	•	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(30) ERIN MULCAHY STEIN	1.00	-22	$\vdash$				<del>                                     </del>		0.	<u></u>
BOARD MEMBER	0.00	х						0.	0.	0.
(31) WILLIAM TEMKO, ESQ.	1.00							J •	0.	<u></u>
BOARD MEMBER	0.00	Х						0.	0.	0.
(32) KATHY VANDERZIEL	1.00							•		•
BOARD MEMBER	0.00	Х						0.	0.	0.
(33) CLARE YORKISON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
		ļ								
		ļ								
		ļ								
			<u> </u>	_			<u> </u>			
		<u> </u>		<u> </u>						
Total to Part VII, Section A, line 1c										

art VIII	Statement of Revenue
ait viii	Statement of nevenue

			Check if Schodule O centains a response	or noto to any lin	o in this Dort VIII			
			Check if Schedule O contains a response of	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ध ध	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
				644,897.				
			•	011,00.0				
<u> </u>				251,451.				
ns,				<u> </u>				
ξ		f	All other contributions, gifts, grants, and	056 600				
ᅙ				956,602.				
gt		g	Noncash contributions included in lines 1a-1f 1g \$	1,001.				
Se		h	Total. Add lines 1a-1f		7,852,950.			
				Business Code				
ø.	2	а						
į	_	b						
er e								
n S		С.						
e E		d						
Program Service Revenue		е						
₫			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		101,907.			101,907.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	Ĭ		(i) Real	(ii) Personal				
	_	_		() 1 0.001.0.				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 26,323.					
		b	Less: cost or other basis					
ē			and sales expenses					
enr		c	Gain or (loss) 7c -284.					
Revenue		4	Net gain or (loss)		-284.			-284.
er B					204.			204.
_	8	а	Gross income from fundraising events (not including \$ 644,897 • of					
₹								
			contributions reported on line 1c). See	24 252				
			Part IV, line 18	31,250. 106,206.				
		b	Less: direct expenses8b	<u> 106,206.</u>				
		С	Net income or (loss) from fundraising events		-74,956.			-74,956.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	2.7					
		1-	and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
S				Business Code				
o o	11	а	OTHER INCOME	900099	93,754.			93,754.
ane		b						
e ë		С						
Miscellaneous Revenue		d	All other revenue					
2	L		Total. Add lines 11a-11d	<u> </u>	93,754.			
	12		Total revenue. See instructions		7,973,371.	0.	0.	120,421.
					· · · · · · · · · · · · · · · · · · ·			

232009 12-13-22

## Form 990 (2022) UNITED FRIENDS OF THE CHILDREN Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	677,587.	677,587.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	111 556	272 146	10 170	E2 021
_	trustees, and key employees	444,556.	372,146.	18,479.	53,931
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,322,838.	2,780,486.	138,901.	403,451
7	Other salaries and wages	3,344,030.	4,100,400.	130,301.	403,43
3	Pension plan accruals and contributions (include	5,824.	4 927	206.	601
9	section 401(k) and 403(b) employer contributions)	275,773.	4,927. 233,336.	9,733.	691 32,704
, )	Other employee benefits	289,467.	244,922.	10,217.	34,32
, 	Payroll taxes	200,407.	244,722.	10,217.	34,32
	Fees for services (nonemployees):				
a b	Management				
	Legal	240,620.		240,620.	
	Lobbying	210,0201		210,0201	
e	Professional fundraising services. See Part IV, line 17	49,800.			49,80
f	Investment management fees	38,337.		38,337.	15,00
g	Other. (If line 11g amount exceeds 10% of line 25,	55,55.1		30,007.1	
9	column (A), amount, list line 11g expenses on Sch O.)	901,091.	883,889.	8,829.	8,37
2	Advertising and promotion	163,092.	13,528.	, ,	149,56
3	Office expenses	165,306.	128,651.	3,240.	33,41
ļ	Information technology	84,462.	68,882.	2,562.	13,01
,	Royalties	•	·	,	•
;	Occupancy	69,243.	58,132.	1,992.	9,11
	Travel	34,033.	28,748.	908.	4,37
;	Payments of travel or entertainment expenses		-		-
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	21,376.	17,466.	497.	3,41
	Interest	62.	48.	1.	1
	Payments to affiliates				
	Depreciation, depletion, and amortization	20,610.	16,929.	660.	3,02
	Insurance	130,193.	106,940.	4,169.	19,08
•	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.)				
а	YOUTH SERVICES AND ASSI	360,327.	360,327.		
a b	EDUCATION AND YOUTH SER	43,225.	43,225.		
C	STAFF AND BOARD EXPENSE	43,162.	36,571.	1,128.	5,46
d	PROFESSIONAL DEVELOPMEN	14,233.	12,929.	= , = = 0	1,30
u e	All other expenses	12,981.	10,666.	414.	1,90
_	Total functional expenses. Add lines 1 through 24e	7,408,198.	6,100,335.	480,893.	826,97
;	Joint costs. Complete this line only if the organization	,,	.,,	,	<b>, -</b> ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

Paı	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,506,606.	1	1,509,548.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,568,952.	3	3,047,916.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer,	director,			
		trustee, key employee, creator or founder, substantial contribut	or, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as	defined			
		under section 4958(f)(1)), and persons described in section 495			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		109,671.	9	156,971.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 1  10b 1	,544,987.	44 44=		
	b	Less: accumulated depreciation 10b 1	,350,145.	66,335.	10c	194,842.
	11	Investments - publicly traded securities		4,120,679.	11	5,630,415.
	12	Investments - other securities. See Part IV, line 11		839,639.	12	895,440.
	13				13	400 554
	14	Intangible assets		4 454	14	192,574
	15	Other assets. See Part IV, line 11		1,151.	15	1,151.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		10,213,033.	16	11,628,857
	17	Accounts payable and accrued expenses		619,175.	17	742,996.
	18	Grants payable		020 004	18	067 206
	19	Deferred revenue		838,984.	19	867,326.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedules and other part library and the part library a			21	
ies	22	Loans and other payables to any current or former officer, direct				
Liabilities		trustee, key employee, creator or founder, substantial contribut			00	
Liat					22	
_	23	Secured mortgages and notes payable to unrelated third partie			23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties	Г			
	23	Other liabilities (including federal income tax, payables to relate parties, and other liabilities not included on lines 17-24). Compl	I			
		(0.1.1.1.5)		0.	25	194,722.
	26	Total liabilities. Add lines 17 through 25		1,458,159.	26	1,805,044.
	20		X	2 / 100 / 100 /	20	2,000,011
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		3,481,588.	27	4,910,533.
3al	28	Net assets with donor restrictions	Г	5,273,286.	28	4,913,280.
β		Organizations that do not follow FASB ASC 958, check here				<u> </u>
Fu		and complete lines 29 through 33.				
P.	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or other	Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	Г	8,754,874.	32	9,823,813.
~	33	Total liabilities and net assets/fund balances		10,213,033.	33	11,628,857.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,97		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,40		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,75		
5	Net unrealized gains (losses) on investments	5	44	7,9	65.
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	5	5,8	01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	9,82	3,8	<u>13.</u>
Pai	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2022)

232012 12-13-22

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

#### UNITED FRIENDS OF THE CHILDREN 95-3665186 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8110273.	7059493.	8247762.	8749435.	7852950.	40019913.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1373628.	1468398.	1559271.	1572156.	1672095.	7645548.
4	Total. Add lines 1 through 3	9483901.	8527891.	9807033.	10321591.	9525045.	47665461.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3549039.
6	Public support. Subtract line 5 from line 4.						44116422.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9483901.	8527891.		10321591.	9525045.	47665461.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	68,180.	55,808.	41,020.	55,637.	101 907.	322,552.
۵	Net income from unrelated business	00,100.	33,000.	11,020.	33,037.	101,307.	322,332.
9							
	activities, whether or not the						
40	business is regularly carried on  Other income. Do not include gain						
10							
	or loss from the sale of capital	729.	3,640.	2,236.	10,988.	93 75/	111,347.
44	assets (Explain in Part VI.)	127.	3,040.	2,250.	10,500.	75,754.	48099360.
	<b>Total support.</b> Add lines 7 through 10		>			12	<del>=0000000</del>
	Gross receipts from related activities,	•	,				
13	First 5 years. If the Form 990 is for the	-		•			
Sac	organization, check this box and storetion C. Computation of Publi						·····
	Public support percentage for 2022 (li			olumn (f))		14	91.72 %
						15	91.72 %
	Public support percentage from 2021						
108	33 1/3% support test - 2022. If the containing and life is						
	<b>stop here.</b> The organization qualifies						
C	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			_		_	
	meets the facts-and-circumstances te	_	•	*	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		(Form 990) 2022

### 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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
- Ou		
9b		
9с		
40-		
10a		
10b		
100		

232024 12-09-22

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	tion C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	1		
•	7			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the digarization maintained a close and continued working relationship with the supported digarization(o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition of the definition of the definition	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	and the state of t	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 UNITED FRIENDS OF THE C	HILDRE	EN	95-3665186 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

		_	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

\_\_ 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) 2022

**Current Year** 

Section C - Distributable Amount

Distributable amount for 2022 from Section C, line 6

10 Line 8 amount divided by line 9 amount

organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8

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

Schedule A (Form 990) 2022

9

10

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization

UNITED FRIENDS OF THE CHILDREN

95-3665186

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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.

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

#### **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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## UNITED FRIENDS OF THE CHILDREN

95-3665186

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		\$ <u>2,698,126</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 400,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 295,299.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 258,026.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$228,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## UNITED FRIENDS OF THE CHILDREN

95-3665186

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## UNITED FRIENDS OF THE CHILDREN

95-3665186

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** UNITED FRIENDS OF THE CHILDREN 95-3665186 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Inspection

Name of the organization

UNITED FRIENDS OF THE CHILDREN

**Employer identification number** 95-3665186

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (	Other S	imilar	Assets	(contin	ued)
3	Using the organization's acquisition, accession							(======================================	
	collection items (check all that apply):		•	· ·	· ·				
а	Public exhibition	d	Loan or excl	hange program	ı				
b	Scholarly research	е		3 1 3					
c	Preservation for future generations	•							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization	s exemp	t nurnos	se in Part	XIII	
5	During the year, did the organization solicit o	•	•	· ·	•		oc iiii aic	AIII.	
Ū	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								110
	reported an amount on Form 990, Pai		on the organization	Tanoworda T	01110	,,,,,	, , , , , , , , , , , , , , , , , , , ,		
1a	Is the organization an agent, trustee, custodi		ary for contributions	or other asset	s not inc	luded			
	on Form 990, Part X?							Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII								
-	Too, oxplain the arrangement in rail value	and complete the fell	swing table.					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
и 2						1e			
f	Distributions during the year					1f			
f Oo	Ending balance  Did the organization include an amount on Fe							Yes	No
	_				-				
Pai	If "Yes," explain the arrangement in Part XIII.  To V Endowment Funds. Complete in								
ı uı	Endownient Fands. Complete	(a) Current year	(b) Prior year	(c) Two years		1 Three v	ears back	(a) Four	years back
		40,000.	-	40,				` '	<u> </u>
1a	Beginning of year balance	40,000.	40,000.	40,	000.		20,000.		730,530.
b	Contributions						20,000.		20,000.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								730,530.
f	Administrative expenses								
g	End of year balance	40,000.	40,000.	40,	000.		40,000.		20,000.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administered	I for the				
	organization by:	-						Γ	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	art X, lin	e 10.			
	Description of property	(a) Cost or other basis (investment)		or other (other)	(c) Acc	umulate	ed	(d) Book	value
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment		1.54	4,987.	1,35	0.14	15.	194	1,842.
	Other	<b>I</b>		,	, _ ,	- , -			<u>,</u>
	I. Add lines 1a through 1e. (Column (d) must e		Column (R) line 1	nc )				194	1,842.
. J.u		uuui i Uiiii 33U. Fdll A	. colullii (D), IIIIC 1(	/					<u>,</u>

Schedule D (Form 990) 2022

Part VII	Investments - Of	her Securities.

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) BENEFICIAL INTEREST IN A		
(B) FUND HELD BY THE CA		
(C) COMMUNITY FOUNDATION	895,440.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	895,440.	
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)		

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

## Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

#### 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)	FINANCE LEASE LIABILITY	19,284. 175,438.
(3)	OPERATING LEASE LIABILITY	175,438.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	194,722.

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

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				1	10,141,646.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	447,965.		
	Donated services and use of facilities	2b	1,702,846.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)		55,801.		
	Add lines 2a through 2d			2e	2,206,612.
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,935,034.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,337.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	38,337.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	7,973,371.
Part	Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per F	}etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,072,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,702,846.		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е ,	Add lines 2a through 2d			2e	1,702,846.
3	Subtract line 2e from line 1			3	7,369,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,337.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	38,337.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,408,198.
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part :	X, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional info	ormation.		
D.3.D.	m 17				
PAR	T V, LINE 4:				
mito	ODGANITATION HAG A DONOR RECEDED ENDOW	MITTATOT		7 TO 3.T	TNOG OF
THE	ORGANIZATION HAS A DONOR-RESTRICTED ENDOWN	MEN.T.	FUND, THE E	ARN	INGS OF
TATE T /	OU CURRORM MUE ORGANIZAMION'C PROCEAMC				
MUT	CH SUPPORT THE ORGANIZATION'S PROGRAMS.				
יםגם	m v itne ).				
PAR	T X, LINE 2:				
шпь	ODCANTZAMION DECOCNIZES MUE IMDASM OF MAY	DOG.	ттоме ты ти		TNIANCTAT
Ine	ORGANIZATION RECOGNIZES THE IMPACT OF TAX	POS.	TITONS IN IN	<u> </u>	INANCIAL
C TO Y	TEMENTS IF THAT POSITION IS MORE LIKELY THA	7. TA 7.	חיי ייהר ביני פנופ	ייי אידי	NED ON
DIA	THE THEATH SAOM ST NOTITIES TANT TO STREET	HT1 11/	71 10 BE 303	IAL	NED ON
מווע	IT, BASED ON THE TECHNICAL MERITS OF THE PO	OGTW.	TOM DIDTNG	тиг	VEND
ביים	II, DAGED ON THE IECHNICAL MERTIS OF THE PO	OD I I .	TOM . DOLLING	1115	THAN
EMD	ED JUNE 30, 2023, THE ORGANIZATION PERFORM	יע חפ	ΝΩΤΩΔΙΙΙΔΠΤΩΝ	OF.	IINCERTATN
יעוצים.	D COME SO, 2025, THE ONGANIZATION PERFORM	וא תם	A TANDUALION	<u> </u>	ONCHNIAIN
тах	POSITIONS AND DID NOT IDENTIFY ANY MATTERS	S TH	אי שטוווט פּבּט	TITR	E
7 1777	TOSTITOMS IND DID NOT IDENTIFI ANT MAILEN	<u> </u>	TT WOODD KEQ	<u> </u>	<u>-</u>

RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON

ITS TAX-EXEMPT STATUS.

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Part I

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number UNITED FRIENDS OF THE CHILDREN 95-3665186

required to complete this par	τ.								
1 Indicate whether the organization rais	sed funds through any of the followin	g activ	ities. (	Check all that apply.					
a X Mail solicitations  e X Solicitation of non-government grants									
T7									
c X Phone solicitations	g X Special	fundra	ising 6	events					
d X In-person solicitations									
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees. or				
	art VII) or entity in connection with p				X Yes	No			
<b>b</b> If "Yes," list the 10 highest paid indiv		ant to a	agreer	nents under which tr	ie fundraiser is to be				
compensated at least \$5,000 by the	organization.								
(i) Name and address of individual		(iii) fundra have cu or con	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	have cu	istody	from activity	fundraiser	to (or retained by)			
or criticy (tariaraisor)		contribu	itions?	nom activity	listed in col. (i)	organization			
		1							
THE BETTER FUNDRAISING		Yes	No						
COMPANY - P.O. BOX 1563,	FUNDRAISING COUNSEL		X	0.	49,800.	0.			
					40.000				
Total					49,800.				
3 List all states in which the organization	on is registered or licensed to solicit of	contribu	utions	or has been notified	it is exempt from reg	gistration			
or licensing.									
CA									
	<u> </u>								
	<u> </u>								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

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

Ca) Event #1   Ca) Event #2   Cash prizes   Calla   TRIVIA   EVENT   1	(d) Total events (add col. (a) through col. (c))  676,147.  644,897.  31,250.
(event type) (event type) (total number)	(add col. (a) through col. (c))  676,147.
(event type) (event type) (total number)	676,147.
1 Gross receipts 655,867. 20,280.  2 Less: Contributions 624,617. 20,280.  3 Gross income (line 1 minus line 2) 31,250.  4 Cash prizes 5 Noncash prizes	644,897.
2 Less: Contributions       624,617.       20,280.         3 Gross income (line 1 minus line 2)       31,250.         4 Cash prizes       5 Noncash prizes	644,897.
2 Less: Contributions       624,617.       20,280.         3 Gross income (line 1 minus line 2)       31,250.         4 Cash prizes       5 Noncash prizes	644,897.
3 Gross income (line 1 minus line 2) 31,250.  4 Cash prizes	
4 Cash prizes  5 Noncash prizes	31,250.
4 Cash prizes  5 Noncash prizes	31,250.
5 Noncash prizes	
5 Noncash prizes	
6 Rent/facility costs 41,793.	41,793.
6 Rent/facility costs 41,793. 7 Food and beverages	
8 Entertainment	2,000.
8 Entertainment       2,000.         9 Other direct expenses       60,007.       2,406.	2,000. 62,413.
10 Direct expense summary. Add lines 4 through 9 in column (d)	106,206.
11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than	-74,956.
<b>Part III Gaming.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.	
(b) Pull tabs/instant	(d) Total gaming (add
(a) Bingo bingo/progressive bingo (c) Other gaming	col. (a) through col. (c)
(a) Bingo bingo/progressive bingo (c) Other gaming	coi. (a) through coi. (c)
	coi. (a) through coi. (c)
1 Gross revenue	col. (a) through col. (c)
1 Gross revenue	coi. (a) through coi. (c)
1 Gross revenue	coi. (a) through coi. (c)
1 Gross revenue	coi. (a) through coi. (c)
1 Gross revenue	coi. (a) through coi. (c)
1 Gross revenue	coi. (a) through coi. (c)
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs	coi. (a) through coi. (c)
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	%
1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Wes	%
2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:	%
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Wes	%

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 UNITED FRIENDS OF THE CHILDREN 95-	<u>3665186</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	132	
Enter the hame and address of the person who propares the organization signifing special events books and records.		
Name		
Name		
Address		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III lines 0 0	2h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 100 0, t	55, 105,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		
COUPNITE C DADM T ITHE 2D ITCM OF MEN UTOURCH DATH FINNDATCED	c.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	٠.	
/T NAME OF FINIDATORD. MUR DEMMED FINIDATONIC COMPANY		
(I) NAME OF FUNDRAISER: THE BETTER FUNDRAISING COMPANY		
/T) ADDDEGG OF THURDATGED D O DOW 1563 EDWONDG HA 00000		
(I) ADDRESS OF FUNDRAISER: P.O. BOX 1563, EDMONDS, WA 98020		

Schedule G	G (Form 990)	UNITED	FRIENDS	OF	THE	CHILDREN	95-3665186	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation (con	ntinued)					
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) 2022

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?	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV,	line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government  (b) EIN  (c) IRC section (if applicable)  (d) Amount of cash grant or grant assistance  (e) Amount of noncash assistance  (f) Method of valuation (book, FMV, appraisal, other)  (g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  3 Enter total number of other organizations listed in the line 1 table	······

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

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			
HOUSING PROGRAM	137	153,183.	81,142.	FMV	TRANSPORTATION, SUPPLIES, HOUSEHOLD ITEMS, CLOTHING, FOOD, LODGING, TRAINING, AND LICENSES/CERTIFICATIONS			
SCHOLARS PROGRAM	343	398,571.	44,691.		TRANSPORTATION, TUTORING, SUPPLIES, TRAINING, AND OTHER SERVICES			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.				
PART I, LINE 2:								
HOUSING PROGRAM:								
YOUTH RECEIVE MOVE-IN GIFT CARDS WHEN THEY ENROLL IN THE PATHWAYS PROGRAM.								
MANY OF THE YOUTH COME FROM STREET HOMELESSNESS AND ARE IN NEED OF BASIC								
HYGIENE PRODUCTS, AS WELL AS CLOTHING AND OTHER PERSONAL NEEDS UPON								
MOVE-IN. THE ORGANIZATION ALSO PROV	VIDES EMP	LOYEE CLOI	THING GIFT	CARDS, AND				
FINANCIAL ASSISTANCE WITH ENROLLMENT IN POST-SECONDARY EDUCATION (INCLUDING								
TEXTBOOKS, PERMITS, AND LAB FEES), AND TRANSPORTATION ASSISTANCE (BUS								

PASSES, UBER RIDES, TRAIN PASSES) FOR EMPLOYMENT OPPORTUNITIES. YOUTH ALSO

Part IV Supplemental Information
RECEIVE EXIT ASSISTANCE UPON THEIR TRANSITION FROM THE PATHWAYS PROGRAM.
EXIT ASSISTANCE SUPPORTS RENTAL AND UTILITY DEPOSITS, PURCHASE OF NECESSARY
FURNITURE, CONTINUED TRANSPORTATION SUPPORT AND/OR OTHER ITEMS NECESSARY
FOR MOVING INTO STABLE HOUSING.
SCHOLARS PROGRAM:
SCHOLARS ARE ELIGIBLE FOR PERSISTENCE GRANTS, GIFT CARDS, TUTORING,
SUPPLIES, TRAINING, TRANSPORTATION SUPPORT, AND OTHER SERVICES. SCHOLARS
MAY REQUEST PERSISTENCE GRANTS BY ENTERING INTO CONVERSATIONS WITH THEIR
COLLEGE COUNSELOR ABOUT AN UNFORESEEN ONE-TIME FINANCIAL EMERGENCY.
EXAMPLES INCLUDE CAR REPAIR, LOSS OF SCHOOL ITEMS IN A ROBBERY, REDUCTION
IN WORK HOURS, OR LOSS OF A JOB. THROUGH THAT CONVERSATION, AND THE
COLLECTION OF SUPPORTING DOCUMENTATION, AN AMOUNT IS APPROVED SO THAT THE
SCHOLAR MAY MAKE THEIR NECESSARY PAYMENTS/PURCHASES. WHEN POSSIBLE, COLLEGE
COUNSELORS CREATE AN AUTHORIZATION TO SPEND SO THAT THE ORGANIZATION CAN
PAY THIRD PARTIES DIRECTLY.

Schedule I (Form 990)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

UNITED FRIENDS OF THE CHILDREN

Employer identification number

95-3665186

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of		of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MATT STRIEKER	(i)	210,779.	15,000.	0.	1,100.	7,089.	233,968.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANGELA CARTER-BLACKSHEAR	(i)	182,534.	9,500.	0.	0.	6,896.	198,930.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
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	(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 7:
THE BONUS FOR THE CHIEF EXECUTIVE OFFICER WAS APPROVED BY THE EXECUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS. ALL OTHER BONUSES WERE REVIEWED AND
APPROVED BY THE CHIEF EXECUTIVE OFFICER AND WERE WITHIN ANNUAL BUDGET
PROJECTIONS.

## **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 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

UNITED FRIENDS OF THE CHILDREN

**Employer identification number** 95-3665186

FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE INCLUDES ALL OFFICERS OF THE ORGANIZATION:
1) TREMALE DELANO, CHAIR/PAST CHAIR
2) JAYE TOELLNER ROGOVIN, CO-VICE CHAIR/CO-CHAIR
3) PRESTON BROOKS, GENERAL COUNSEL/CO-CHAIR
4) ROB FRIEDMAN, CO-VICE CHAIR/VICE CHAIR
5) WENDY GREUEL, TREASURER
6) DEMONTE "TRAY" THOMPSON, SECRETARY
7) MATT STRIEKER, CHIEF EXECUTIVE OFFICER
FORM 990, PART VI, SECTION A, LINE 2:
DAVID FISHER AND MARIANNA FISHER HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT AND THE
AUDIT COMMITTEE BEFORE IT IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH MEMBER OF THE BOARD OF DIRECTORS, ALL STAFF AND CONSULTANTS ARE ASKED
TO COMPLETE THE AGENCY'S CODE OF ETHICAL CONDUCT AND CONFLICT OF INTEREST
POLICY QUESTIONNAIRE ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE PROCESS FOR DETERMINING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION
INCLUDES A PERFORMANCE REVIEW AND ANALYSIS BY THE EXECUTIVE COMMITTEE OF
THE BOARD OF DIRECTORS, INDEPENDENTLY, WITHOUT THE PARTICIPATION OF
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization UNITED FRIENDS OF THE CHILDREN	Employer identification number 95-3665186
INTERESTED PARTIES. THE ANALYSIS ENCOMPASSES, 1) JOB PERFO	ORMANCE, 2)
SPECIFIC JOB MARKET COMPARABLES, AND 3) UNITED FRIENDS' F	INANCIAL HEALTH.
COMPENSATION FOR OTHER KEY EMPLOYEES IS BASED ON THE SAME	THREE FACTORS
WITH JOB PERFORMANCE REVIEWS CONDUCTED BY THE CHIEF EXECU	TIVE OFFICER.
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE	ORGANIZATION'S
FORM 990 MAY ALSO BE INSPECTED ON WWW.GUIDESTAR.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROPERTY MANAGEMENT:	
PROGRAM SERVICE EXPENSES	791,871.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	791,871.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	92,018.
MANAGEMENT AND GENERAL EXPENSES	8,829.
FUNDRAISING EXPENSES	8,373.
TOTAL EXPENSES	109,220.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	901,091.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN CALIFORNIA COMMUNITY	
FOUNDATION	55,801.