

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: UNITED DOMESTIC WORKERS OF AMERICA. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 4855 SEMINOLE DRIVE. City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO, CA 92115

D Employer identification number: 95-3741159. E Telephone number: (619) 263-7254. G Gross receipts \$ 35,842,743

F Name and address of principal officer: EDITHA ADAMS, 4855 SEMINOLE DRIVE, SAN DIEGO, CA 92115

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) (5) (insert no.) 4947(a)(1) or 527

J Website:

K Form of organization: Corporation Trust Association Other

L Year of formation: 1979. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE REPRESENTATION TO MEMBERS IN MATTERS RELATED TO EMPLOYMENT IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS AND FAIR EMPLOYMENT STANDARDS.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0. 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 263. 6 Total number of volunteers (estimate if necessary) 6. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 150,000. 9 Program service revenue (Part VIII, line 2g) 29,116,725 35,623,998. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,373 11,228. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 544,538 33,078. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29,662,636 35,818,304.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,471,599 957,168. 14 Benefits paid to or for members (Part IX, column (A), line 4) 112,821 2,550. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,163,470 11,448,611. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,701,714 17,634,480. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,449,604 30,042,809. 19 Revenue less expenses. Subtract line 18 from line 12 3,213,032 5,775,495.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 17,394,749 23,611,780. 21 Total liabilities (Part X, line 26) 2,629,678 3,082,103. 22 Net assets or fund balances. Subtract line 21 from line 20 14,765,071 20,529,677.

Part II Signature Block

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

Sign Here: Signature of officer: DOUG MOORE EXEC DIRECTOR. Date: 2023-10-31. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: YBARRA & ASSOCIATES. Preparer's signature. Date: 2023-11-02. Check if self-employed. PTIN: P00438049. Firm's EIN: 87-2683828. Firm's address: 10370 COMMERCE CENTER DR STE 205, RANCHO CUCAMONGA, CA 91730. Phone no. (909) 989-0788.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE REPRESENTATION TO MEMBERS IN MATTERS RELATED TO EMPLOYMENT IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS AND FAIR EMPLOYMENT STANDARDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

TO PROVIDE REPRESENTATION TO MEMBERS IN MATTERS RELATED TO EMPLOYMENT IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS AND FAIR EMPLOYMENT STANDARDS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

TO PROVIDE REPRESENTATION TO MEMBERS IN MATTERS RELATED TO EMPLOYMENT IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS AND FAIR EMPLOYMENT STANDARDS.

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 263), and response columns (Yes, No). Includes sections for 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(21) organizations.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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 or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
EVA MAYO CONTROLLER 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 (619) 263-7254

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.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) EDITH ADAMS PRESIDENT	40.00			X			106,672	0	0	
(2) ASTRID ZUNIGA VICE PRESIDE	7.00			X			24,000	0	0	
(3) WILLIAM REED SECT-TREASUR	15.00			X			30,000	0	0	
(4) MARIA ISABEL SERRANO EXECUTIVE BO	12.00	X					24,138	0	0	
(5) FLORENCE CROWSON EXECUTIVE BO	12.00	X					24,000	0	0	
(6) NICANORA MONTENEGRO EXECUTIVE BO	12.00	X					10,000	0	0	
(7) ANGIE NGUYEN EXECUTIVE BO	12.00	X					19,000	0	0	
(8) DESMOND PRESCOTT EXECUTIVE BO	12.00	X					24,000	0	0	
(9) SARAH ILENSTINE EXECUTIVE BO	12.00	X					24,000	0	0	
(10) MARTHA RUIZ EXECUTIVE BO	12.00	X					16,500	0	0	
(11) DOUG MOORE EXEC DIRECTO	40.00				X		321,552	0	46,926	
(12) JOHANNA HESTER ASST TO EXEC	40.00					X	166,706	0	26,236	
(13) MATHEW MALDONADO DIR. OF ORG	40.00					X	153,276	0	23,733	
(14) NADER HALAWA POLITICAL DI	40.00					X	133,795	0	0	
(15) AMANDA REAM STRATEGIC RE	40.00					X	127,112	0	0	
(16) YESENIA DECASAU COMM. ADVISO	40.00					X	126,606	0	0	

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-f (Federated campaigns, Membership dues, Fundraising events, etc.) and 1g Total.

Table for Program Service Revenue. Columns include Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a MEMBERSHIP DUES, b INITIATION FEES, c, d, e, f All other program service revenue, and g Total.

Table for Other Revenue. Columns include (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Fundraising events, 9a-9c Gaming activities, 10a-10c Sales of inventory.

Table for Other Revenue (continued). Columns include Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 11a OTHER INCOME, b, c, d All other revenue, e Total, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	957,168			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	2,550			
5 Compensation of current officers, directors, trustees, and key employees	629,803			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,417,080			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	772,376			
9 Other employee benefits	909,116			
10 Payroll taxes	720,236			
11 Fees for services (non-employees):				
a Management				
b Legal	69,962			
c Accounting	81,862			
d Lobbying	190,000			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	755,381			
12 Advertising and promotion				
13 Office expenses	1,776,884			
14 Information technology	47,389			
15 Royalties				
16 Occupancy	827,926			
17 Travel	554,773			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,158,549			
20 Interest				
21 Payments to affiliates	10,409,207			
22 Depreciation, depletion, and amortization	704,959			
23 Insurance	186,877			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PER CAPITA TAXES	500,160			
b PROMOTIONAL ITEMS	253,985			
c TRANSLATION	85,987			
d TRAINING	26,191			
e All other expenses	4,388			
25 Total functional expenses. Add lines 1 through 24e	30,042,809	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	841,121	1	2,305,272
	2 Savings and temporary cash investments	4,302,476	2	7,592,884
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,522,478	4	3,959,756
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	460,483	9	452,707
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	15,891,376		
	b Less: accumulated depreciation	7,094,106		
	11 Investments—publicly traded securities	114,054	11	450,000
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	6,499	14	5,833
	15 Other assets. See Part IV, line 11	48,053	15	48,058
16 Total assets: Add lines 1 through 15 (must equal line 33)	17,394,749	16	23,611,780	
Liabilities	17 Accounts payable and accrued expenses	1,597,789	17	2,024,330
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,031,889	25	1,057,773
	26 Total liabilities. Add lines 17 through 25	2,629,678	26	3,082,103
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,639,257	27	20,097,277
	28 Net assets with donor restrictions	125,814	28	432,400
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,765,071	32	20,529,677
33 Total liabilities and net assets/fund balances	17,394,749	33	23,611,780	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,818,304
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,042,809
3	Revenue less expenses. Subtract line 2 from line 1	3	5,775,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,765,071
5	Net unrealized gains (losses) on investments	5	-10,889
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	20,529,677

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Supplemental Financial Statements

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED DOMESTIC WORKERS OF AMERICA

Employer identification number

95-3741159

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 cover total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations...
7 Amount of expenses incurred in monitoring, inspecting, handling of violations...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service...
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service...
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		831,307		831,307
b Buildings		11,770,539	4,372,873	7,397,666
c Leasehold improvements		29,999	18,448	11,551
d Equipment		2,989,982	2,433,236	556,746
e Other		269,549	269,549	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				8,797,270

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,057,773

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	27,277,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-10,889	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-10,889
3	Subtract line 2e from line 1		3	27,288,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	8,530,188	
c	Add lines 4a and 4b		4c	8,530,188
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	35,818,304

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

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

1	Total expenses and losses per audited financial statements		1	21,512,621
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	21,512,621
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	8,530,188	
c	Add lines 4a and 4b		4c	8,530,188
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,042,809

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	ADD BACK PER CAPITA EXPENSE 8,554,627 LESS RENTAL PROPERTY EXPENSE -24,439
SCHEDULE D, PAGE 4, PART XII, LINE 4B	ADD PER CAPITA EXPENSE 8,554,627 LESS REAL PROPERTY EXPENSE -24,439

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
UNITED DOMESTIC WORKERS OF AMERICA

Employer identification number
95-3741159

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) APALA 815 16TH ST NW 2ND FLOOR WASHINGTON,DC 20006	52-1777961		10,000				DONATION
(2) CAIPTC PO BOX 393 RIVERSIDE,CA 92502	45-5147214		130,200				DONATION
(3) CALIFORNIA INDEPENDENT PROVIDER TRA 3600 LIME ST STE 421 RIVERSIDE,CA 92501	45-5147214		30,000				DONATION
(4) CALIFORNIA LEGISLATIVE BLACK CAUCUS 777 SOUTH FIGUEROA ST STE 4050 LOS ANGELES,CA 90017	26-3911734		30,000				DONATION
(5) CAPITAL & MAIN 1910 W SUNSET BLVD STE 740 LOS ANGELES,CA 90026	81-0895767		30,000				DONATION
(6) CARA 600 GRAND AVE SUITE 410 OAKLAND,CA 94610	20-3253963		17,500				DONATION
(7) CENTRAL COAST LABOR COUNCIL 816 CAMARILLO SPRINGS RD STE G CAMARILLO,CA 93012	95-2762105		11,000				DONATION
(8) CESAR CHAVEZ SERVICE CLUBS 1359 GROVE STREET SAN DIEGO,CA 92102	26-1605661		28,873				DONATION
(9) CICA 120 VANTIS THIRD FL ALISO VIEJO,CA 92656			10,000				DONATION
(10) GOLD RUSH CLASSICS 14991 LAGO DRIVE RANCHO MURIETA,CA 95683	83-3299665		10,000				DONATION
(11) INTERNATIONAL DOMESTIC WORKERS 4855 SEMINOLE DRIVE SAN DIEGO,CA 92115			30,000				DONATION
(12) JOHNS S LYONS FOUNDATION 3737 CAMINO DEL RIO SOUTH SUITE 202 SAN DIEGO,CA 92108	33-0024301		10,000				DONATION
(13) JORDAN'S GUARDIAN ANGELS 1121 L STREET STE 100 SACRAMENTO,CA 95814	90-1022228		30,000				DONATION
(14) LA COUNTY FED OF LABOR 2130 W JAMES W WOOD BLVD LOS ANGELES,CA 90006	95-6047153		24,000				DONATION

(15) LGBT CAUCUS LEADERSHIP FUND 1414 K STREET STE 250 SACRAMENTO, CA 95814	45-2485784		15,000				DONATION
(16) LOS ANGELES BROTHERHOOD CRUSADE 200 EAST SLAUSON AVE LOS ANGELES, CA 90011	95-2543819		35,000				DONATION
(17) LOS ANGELES JAZZ FESTIVAL FOUNDATIO 3651 SOUTH LA BREA AVE STE 118 LOS ANGELES, CA 90006			25,000				DONATION
(18) ORANGE COUNTY LABOR FEDERATION AFL 309 N RAMPART ST STE A ORANGE, CA 92868	95-0614067		10,500				DONATION
(19) PILIPINO WORKERS CENTER 153 GLENDALE BLVD LOS ANGELES, CA 90026	77-0439301		10,000				DONATION
(20) PROGRESSIVE LABOR ALLIANCE 3737 CAMINO DEL RIO S STE 202 SAN DIEGO, CA 92108	82-1416338		10,000				DONATION
(21) SAN DIEGO & IMPERIAL COUNTIES LABOR 3737 CAMINO DEL RIO S 403 SAN DIEGO, CA 92108	80-0180809		30,000				DONATION
(22) SAN DIEGO VOICE AND VIEWPOINT 3619 COLLEGE AVE SAN DIEGO, CA 92115			7,052				DONATION
(23) SOUTHERN CALIFORNIA CHAPTER CBTU 3831 W 58TH PLACE LOS ANGELES, CA 90043	95-3357253		10,000				DONATION
(24) STUDIO T ARTS 2701 DEL PASO RD 130-119 SACRAMENTO, CA 95835			10,000				DONATION
(25) THE B5 FOUNDATION 4855 SEMINOLE DR SAN DIEGO, CA 92115	81-5259849		105,000				DONATION
(26) UDW RESOURCE CENTER 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115	95-3741159		150,000				DONATION
(27) UMWA 2021 STRIKE AID FUND PO BOX 513 DUMFRIES, VA 22026			10,000				DONATION
(28) YES ON D - SAFEGUARD SAN DIEGO 3737 CAMINO DEL RIO S STE 202 SAN DIEGO, CA 92108			10,000				DONATION

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED DOMESTIC WORKERS OF AMERICA

Employer identification number

95-3741159

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	Yes	
2		No
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DOUG MOORE EXEC DIRECTOR	(i)	321,552			46,926	8,995	368,478	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 JOHANNA HESTER ASST TO EXEC DIRECT	(i)	166,706			26,236	8,877	192,942	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 MATHEW MALDONADO DIR. OF ORG & FIELD	(i)	153,276			23,733	9,822	177,009	
	(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.

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:

Software Version:

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 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
UNITED DOMESTIC WORKERS OF AMERICA

Employer identification number

95-3741159

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	TO PROVIDE REPRESENTATION TO MEMBERS IN MATTERS RELATED TO EMPLOYMENT IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS AND FAIR EMPLOYMENT STANDARDS.
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION. MEMBERS ARE MADE UP OF EMPLOYEES REPRESENTED UNDER COLLECTIVE BARGAINING AGREEMENTS. MEMBERSHIP IS MADE UP OF THE FOLLOWING CLASSES: REGULAR MEMBERS: FULL TIME EMPLOYEES WITHIN THE BARGAINING UNIT, PAY FULL DUES, AND HAVE VOTING RIGHTS.
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS IN GOODSTANDING (DUES ARE PAID CURRENT) ELECT THE MEMBERS OF THE GOVERNING BODY AS PRESCRIBED BY THE BYLAWS DURING ELECTION PERIOD EVERY THREE YEARS AND AS VACANCIES BECOME AVAILABLE.
FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS IN GOODSTANDING (DUES ARE PAID CURRENT) VOTE ON SIGNIFICANT DECISIONS OF THE ORGANIZATION AS PRESCRIBED BY THE BYLAWS. MEMBERS ARE ALLOWED AND ENCOURAGED TO VOTE FOR OR AGAINST SIGNIFICANT DECISIONS THAT MATERIALLY IMPACT THE ASSETS OF THE ORGANIZATION IN ACCORDANCE WITH THE CONSTITUTION AND BYLAWS. SUCH MATTERS ARE GENERALLY PRESENTED AT THE GENERAL MEMBERSHIP MEETINGS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF ACCOUNTING REVIEW THE TAX RETURN BEFORE IT IS SIGNED AND FILED.
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR TOP MANAGEMENT WITHIN THE LOCAL IS APPROVED BY THE GOVERNING BOARD IN ACCORDANCE WITH THE CONSTITUTION AND BYLAWS.
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE GOVERNING BOARD IN ACCORDANCE WITH THE CONSTITUTION AND BYLAWS.
FORM 990, PAGE 6, PART VI, LINE 19	FINANCIAL INFORMATION AND GOVERNING DOCUMENTATION ARE MADE PUBLICLY AVAILABLE ON THE FORM LM-2, ELECTRONICALLY FILED WITH THE DEPARTMENT OF LABOR, ON THE OFFICE OF LABOR-MANAGEMENT STANDARDS WEBSITE. ANY OTHER REQUEST FOR FINANCIAL INFORMATION IS MADE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9	ADD BACK PER CAPITA EXPENSE -8,554,627 LESS RENTAL PROPERTY EXPENSE 24,439 ADD PER CAPITA EXPENSE 8,554,627 LESS REAL PROPERTY EXPENSE -24,439

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED DOMESTIC WORKERS OF AMERICA

Employer identification number

95-3741159

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED DOMESTIC WORKERS EL DORADO 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 45-5466903	BENEFITS	CA	501C9		UDW	Yes	
(2) UNITED DOMESTIC WORKERS IMPERIAL 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 84-2544213	BENEFITS	CA	501C9		UDW	Yes	
(3) UNITED DOMESTIC WORKERS IND EXP PAC 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 47-1025683	POLITICAL	CA	527		UDW	Yes	
(4) UNITED DOMESTIC WORKERS PLACER CNTY 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 27-6472885	BENEFITS	CA	501C9		UDW	Yes	
(5) UNITED DOMESTIC WORKERS RIVERSIDE 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 46-4169367	BENEFITS	CA	501C9		UDW	Yes	
(6) UNITED DOMESTIC WORKERS SAN DIEGO 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 27-6135515	BENEFITS	CA	501C9		UDW	Yes	
(7) UNITED DOMESTIC WORKERS SANTA BARBA 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 84-4622131	BENEFITS	CA	501C9		UDW	Yes	
(8) UNITED DOMESTIC WORKERS SLO TRUST 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 47-7438850	BENEFITS	CA	501C9		UDW	Yes	
(9) UNITED DOMESTIC WORKERS STANISLAUS 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 04-5572639	BENEFITS	CA	501C9		UDW	Yes	
(10) UNITED DOMESTIC WORKERS SUTTER 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 85-1265476	BENEFITS	CA	501C9		UDW	Yes	
(11) UNITED DOMESTIC WORKERS' BENEFITS T 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 30-6116859	BENEFITS	CA	501C9		UDW	Yes	
(12) UNITED DOMESTIC WORKERS' KERN COUNT 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 20-3245750	BENEFITS	CA	501C9		UDW	Yes	
(13) UNITED DOMESTIC WORKERS' PAC 4855 SEMINOLE DRIVE SAN DIEGO, CA 92115 32-0213986	POLITICAL	CA	527		UDW	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**