

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning Jul 01, 2014, and ending Jun 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>UNITED WAY CALIFORNIA CAPITAL</u>		D Employer identification number <u>94-1225382</u>
	Doing Business as		E Telephone number <u>916-368-3000</u>
	Number & street (or P.O. box if mail is not delivered to street address) Room/suite <u>10389 OLD PLACERVILLE ROAD</u>		G Gross receipts \$ <u>12153267.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>SACRAMENTO CA 95827-2506</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: <u>VICTORIA KOSHA</u> <u>10389 OLD PLAC SACRAMENTO CA 95827</u>		H(b) Are all subordinates included? If "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ <u>WWW.UWCCR.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1952</u>	M State of legal domicile: <u>CA</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UWCCR WAS ORGANIZED TO RAISE FUNDS FOR THE FINANCING OF A VARIETY OF CHARITABLE, NOT-FOR-PROFIT HEALTH AND WELFARE ORGANIZATIONS</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>29</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>29</u>
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>28</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>1848</u>
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>11647722.</u>	<u>12139338.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3541.</u>	<u>2847.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-111135.</u>	<u>-121947.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>11540128.</u>	<u>12020238.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>8216556.</u>	<u>8321585.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>2095251.</u>	<u>2447568.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses, (Part IX, column (D), line 25) ▶ <u>1120711.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1314019.</u>	<u>1585109.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>11625826.</u>	<u>12354262.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-85698.</u>	<u>-334024.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>7830066.</u>	<u>7992540.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>2701551.</u>	<u>3198049.</u>
		<u>5128515.</u>	<u>4794491.</u>

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 <u>VICTORIA KOSHA</u>		Date <u>02/15/2016</u>		
	Type or print name and title <u>EXEC VP, COO</u>				
Paid Preparer Use Only	Print /Type preparer's name <u>BRAD PARSONS</u>	Preparer's signature	Date <u>02/15/2016</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00265559</u>
	Firm's name ▶ <u>PARSFIN INC</u>	Firm's EIN ▶ <u>20-2158331</u>		Phone no. <u>530-933-2723</u>	
	Firm's address ▶ <u>5725 HANKINS ROAD</u> <u>WILLIAMS CA 95987</u>				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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:
THE UNITED WAY CALIFORNIA CAPITAL REGION WAS ORGANIZED TO RAISE FUNDS FOR THE FINANCING OF A VARIETY OF CHARITABLE, NOT-FOR-PROFIT HEALTH AND WELFARE ORGANIZATIONS.

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 \$ 8321585 . including grants of \$) (Revenue \$)
ALLOCATION OF CASH AND OTHER CONTRIBUTIONS TO CERTIFIED AGENCIES FOR THEIR USE, OPERATION AND MAINTENANCE IN PERFORMING CHARITABLE, HEALTH AND WELFARE WORK AND/OR THE OPERATION AND MAINTENANCE OF THESE AGENCIES.

4b (Code:) (Expenses \$ 1693377 . including grants of \$) (Revenue \$)
PROGRAM SERVICE RELATED EXPENSES IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH.

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

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

4e Total program service expenses ▶ 10014962 .

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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		
	1a 24		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
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 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
2b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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: -> EXEC VP COO 10389 OLD SACRAMENTO CA 95827 916-368-3000

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) S BRAY PRES, CEO	40			X			199516.	0	9843.	
(2) V KOSHA EXEC VP, COO	40			X			110955.	0	25946.	
(3) A SHEEHAN EXEC VP, CSO	40			X			112958.	0	25943.	
(4) J SHETLER CHAIR	1	X	X				0	0	0	
(5) B BRUNDAGE VICE CHAIR	1	X	X				0	0	0	
(6) M HOAG TREASURER	1	X	X				0	0	0	
(7) C MULLINS IM PAST CHAIR	1	X					0	0	0	
(8) L ALDRETE DIRECTOR	1	X					0	0	0	
(9) A BACHMEIER DIRECTOR	1	X					0	0	0	
(10) M BAUMANN DIRECTOR	1	X					0	0	0	
(11) D BOWEN DIRECTOR	1	X					0	0	0	
(12) N BUI-THOMPSON DIRECTOR	1	X					0	0	0	
(13) D CABLE DIRECTOR	1	X					0	0	0	
(14) K HEWITT DIRECTOR	1	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) B LIGGETT DIRECTOR	1	X						0	0	0
(16) N MATA DIRECTOR	1	X						0	0	0
(17) L MERCADO DIRECTOR	1	X						0	0	0
(18) R MILLER DIRECTOR	1	X						0	0	0
(19) T MYRRDIN DIRECTOR	1	X						0	0	0
(20) J NEEDLES DIRECTOR	1	X						0	0	0
(21) DR R PAN DIRECTOR	1	X						0	0	0
(22) J QUINN DIRECTOR	1	X						0	0	0
(23) T RAY DIRECTOR	1	X						0	0	0
(24) DR V SHEARED DIRECTOR	1	X						0	0	0
(25) G SHIROMA DIRECTOR	1	X						0	0	0
1b Sub-total								423429.	0	61732.
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								423429.	0	61732.

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, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 88900.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 394883.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11655555.					
	g Noncash contributions included in lines 1a-1f:	\$					
	h Total. Add lines 1a-1f		12139338.				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2847.			2847.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 88900. of contributions reported on line 1c). See Part IV, line 18	a 11082.					
	b Less: direct expenses	b 133029.					
c Net income or (loss) from fundraising events			-121947.				
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			12020238.			2847.	

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	8321585.	8321585.		
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				
5	Compensation of current officers, directors, trustees, and key employees	423429.	180103.	107164.	136162.
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	1418275.	602864.	359119.	456292.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69158.	29316.	17547.	22295.
9	Other employee benefits	413996.	175392.	105085.	133519.
10	Payroll taxes	122710.	52243.	31035.	39432.
11	Fees for services (non-employees):				
a	Management				
b	Legal	12310.		12310.	
c	Accounting	35700.	3500.	32200.	
d	Lobbying				
e	Prof. fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, col. (A) amount, list line 11g expenses on Sch O.)	196666.	40574.	113803.	42289.
12	Advertising and promotion				
13	Office expenses	529026.	65048.	271020.	192958.
14	Information technology				
15	Royalties				
16	Occupancy	95364.	40148.	24318.	30898.
17	Travel	59817.	25694.	15028.	19095.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61577.	51921.	4253.	5403.
20	Interest				
21	Payments to affiliates	92363.		92363.	
22	Depreciation, depletion, and amortization	18402.	7747.	4693.	5962.
23	Insurance	16241.	6838.	4141.	5262.
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	SEE STMT	371356.			
b		12378.			
c		6950.			
d		22484.			
e	All other expenses	54475.	22932.	13892.	17651.
25	Total functional expenses. Add lines 1 through 24e	12354262.	10014962.	1218589.	1120711.
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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2056544.	1	2428190.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3733509.	3	3536623.
	4 Accounts receivable, net	91538.	4	91580.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	67442.	9	99810.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 556246.		
	b Less: accumulated depreciation	10b 545231.	29417.	10c 11015.
	11 Investments - publicly traded securities	9677.	11	2570.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1841939.	15	1822752.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7830066.	16	7992540.	
Liabilities	17 Accounts payable and accrued expenses	2701551.	17	3198049.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25	
	26 Total liabilities. Add lines 17 through 25	2701551.	26	3198049.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3239887.	27	2667808.
	28 Temporarily restricted net assets	1888628.	28	2126683.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5128515.	33	4794491.	
34 Total liabilities and net assets/fund balances	7830066.	34	7992540.	

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	12020238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12354262.
3	Revenue less expenses. Subtract line 2 from line 1	3	-334024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5128515.
5	Net unrealized gains (losses) on investments	5	
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 33, column (B))	10	4794491.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization UNITED WAY CALIFORNIA CAPITAL	Employer identification number 94-1225382
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information

Schedule of Contributors

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization UNITED WAY CALIFORNIA CAPITAL	Employer identification number 94-1225382
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY CALIFORNIA CAPITAL	Employer identification number 94-1225382
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INTEL CORPORATION 1900 PRAIRIE CITY ROAD FOLSOM CA 95630-	\$ 512,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: UNITED WAY CALIFORNIA CAPITAL; Employer identification number: 94-1225382

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for types of easements and a table for details (2a-2d).

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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" to 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" to 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 ▶ 0.00 %
- b Permanent endowment ▶ 0.00 %
- c Temporarily restricted endowment ▶ 0.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	414,715.		413,994.	721.
e Other	141,531.		131,237.	10,294.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,015.

Part VII Investments - Other Securities.

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

(a) Description of investment type	(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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LEASEHOLD INTEREST IN PROPERTY	1,822,752.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,822,752.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) RELATING TO UNDERTAINTY IN	
(3) INCOME TAXES, WE HAVE APPLIED	
(4) THE RELATED ACCOUNTING	
(5) PRINCIPLES AND DETERMINED THERE	
(6) IS NO MATERIAL IMPACT ON THE	
(7) FINANCIAL STATEMENTS	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,031,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	133,029.	
e	Add lines 2a through 2d	2e		133,029.
3	Subtract line 2e from line 1	3		4,898,457.
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	7,121,781.	
c	Add lines 4a and 4b	4c		7,121,781.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,020,238.

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

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

1	Total expenses and losses per audited financial statements		1	5,365,510.
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	133,029.	
e	Add lines 2a through 2d	2e		133,029.
3	Subtract line 2e from line 1	3		5,232,481.
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	7,121,781.	
c	Add lines 4a and 4b	4c		7,121,781.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,354,262.

Part XIII Supplemental Information.

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

PART XI, LINE 2D, LINE 4B

\$133,029 DIRECT FUNDRAISING EXPENSES, \$7,121,781 FUNDS

DESIGNATED BY DONORS

PART XII, LINE 2D, LINE 4B

\$133,029 DIRECT FUNDRAISING EXPENSES, \$7,121,781 FUNDS

DESIGNATED BY DONORS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WIP & K-OFF (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	99,982.		99,982.
	2	Less: Contributions	88,900.		88,900.
	3	Gross income (line 1 minus line 2)	11,082.		11,082.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	133,029.		133,029.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			133,029.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			(121,947.)

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column d ▶			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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	(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 non-cash assistance	(h) Purpose of grant or assistance
(1)HEALTH EDUCATION 3950 I 95691 CA WE	68-0249296	501c3	179,360.				GRANT
(2)SAC CHINESE COMM 4201 I 95814 CA SA	94-2581434	501c3	165,844.				GRANT
(3)SAC LOAVES & FIS PO BOX 95812 CA SA	68-0189897	501c3	156,812.				DESIGNATED
(4)CHILD ABUSE PREV 4700 R 95660 CA NO	94-2833431	501c3	128,117.				GRANT
(5)LAKESIDE CHURCH 745 OA 95630 CA FO	68-0161573	501c3	109,346.				DESIGNATED
(6)LOCAL INDEP CHAR 1100 L 94939 CA LA	94-3042430	501c3	103,577.				DESIGNATED
(7)NEW MORNING YOUT 6765 G 95667 CA PL	94-2159659	501c3	95,049.				GRANT
(8)SAC FOOD BANK 3333 T 95817 CA SA	94-3315566	501c3	93,145.				DESIGNATED
(9)WEAVE INC 1900 K 95811 CA SA	94-2493158	501c3	89,579.				DESIGNATED
(10)BOYS & GIRLS CLU 679 LI 95603 CA AU	68-0321820	501c3	81,720.				GRANT
(11)CHURCH OF JESUS 50 E N 84150 UT SA	87-0234341	501c3	80,019.				DESIGNATED
(12)BOYS & GIRLS CLU PO BOX 95667 CA PL	91-1774039	501c3	74,000.				GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 178
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

**United Way California Capital Region
Schedule I, Part II Continuation Pages**

Name and address of organization or government							IRS Section if applicable	Amount of cash grant	Purpose of grant or assistance
13	Center of Praise Ministries	1228 23rd Street	Sacramento	CA	95816	68-0230211	501c3	\$73,893.10	Designated
14	Community Health Charities of Calif	PO Box 75166	Baltimore	MD	21275	94-1732873	501c3	\$70,179.55	Designated
15	Goodwill Industries of Sac Valley &	8001 Folsom Blvd #200	Sacramento	CA	95826	94-1201202	501c3	\$70,000.00	Grant
16	California Highway Patrol 11-99 Fou	2244 North State College B	Fullerton	CA	92831	95-6530738	501c3	\$64,221.31	Designated
17	Amador-Tuolumne Comm Resources	935 South State Highway 4	Jackson	CA	95642	94-3136027	501c3	\$62,756.00	Grant
18	Global Impact	PO Box 409616	Atlanta	GA	30384	52-1273585	501c3	\$59,305.89	Designated
19	YMCA of Superior California	1926 V Street	Sacramento	CA	95818	94-1156634	501c3	\$57,473.00	Grant
20	Make A Wish Foundation of Sacramen	2800 Club Center Drive	Sacramento	CA	95835	68-0027351	501c3	\$55,336.80	Designated
21	EarthShare California	PO Box 39000	San Francisco	CA	94139	94-2840364	501c3	\$51,043.83	Designated
22	Sacramento Children's Home	2750 Sutterville Road	Sacramento	CA	95820	94-1156588	501c3	\$50,088.86	Designated
23	Boys and Girls Club Greater Sacrame	5212 Lemon Hill Avenue	Sacramento	CA	95824	68-0338324	501c3	\$50,000.00	Grant
24	American Cancer Society California I	1545 River Park Drive #10	Sacramento	CA	95815	94-1170350	501c3	\$49,737.36	Designated
25	America's Charities	PO Box 75083	Baltimore	MD	21275	54-1517707	501c3	\$49,128.01	Designated
26	Bayside Covenant Church	PO Box 2336	Granite Bay	CA	95746	68-0358620	501c3	\$47,415.69	Designated
27	Animal Charities of America	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3193389	501c3	\$47,153.03	Designated
28	Children's Medical Research Charitie	1100 Larkspur Landing Cir	Larkspur	CA	94939	27-0093393	501c3	\$46,955.70	Designated
29	Children's Receiving Home of Sacran	3555 Auburn Boulevard	Sacramento	CA	95821	94-1322166	501c3	\$46,291.26	Designated
30	The Center for Families	175 Walnut Avenue	Woodland	CA	95695	47-0871252	501c3	\$46,000.00	Grant
31	Yolo County Children's Alliance	600 A Street #Y	Davis	CA	95616	68-0526185	501c3	\$45,000.00	Grant
32	Koinonia Foster Homes Inc	PO Box 1403	Loomis	CA	95650	94-2792265	501c3	\$42,000.00	Grant
33	Happy Tails Pet Sanctuary	PO Box 161994	Sacramento	CA	95816	68-0317260	501c3	\$40,158.35	Designated
34	American Red Cross Capital Region C	1565 Exposition Boulevard	Sacramento	CA	95815	94-1347021	501c3	\$35,912.42	Designated
35	Capital Christian Center	9470 Micron Avenue	Sacramento	CA	95827	94-6001666	501c3	\$34,848.79	Designated
36	Saint John's Program for Real Change	2443 Fair Oaks Boulevard #	Sacramento	CA	95825	68-0132934	501c3	\$33,314.33	Designated
37	St Paul Missionary Baptist Church	PO Box 5260	Sacramento	CA	95817	94-2750618	501c3	\$33,090.85	Designated
38	Sun River Church	11223 Trinity River Drive	Rancho Cordova	CA	95670	94-2747593	501c3	\$28,749.93	Designated
39	Big Brothers Big Sisters of the Great	1451 River Park Drive #24	Sacramento	CA	95815	94-1559853	501c3	\$28,048.78	Designated
40	Salvation Army SAC Metro	PO Box 348000	Sacramento	CA	95834	94-1156347	501c3	\$27,466.40	Designated
41	Metropolitan Arts Partnership	PO Box 160831	Sacramento	CA	95816	68-0458151	501c3	\$26,260.73	Designated
42	WIND Youth Services	1722 J Street #321	Sacramento	CA	95811	23-7348227	501c3	\$26,044.28	Designated
43	Boys and Girls Club Greater Sacrame	5212 Lemon Hill Avenue	Sacramento	CA	95824	68-0338324	501c3	\$25,162.07	Designated
44	Rolling Hills Christian Church	800 White Rock Road	El Dorado Hills	CA	95762	68-0377850	501c3	\$25,098.98	Designated
45	Stand Up Placer	PO Box 5462	Auburn	CA	95604	94-2578871	501c3	\$25,000.00	Grant
46	Women's Empowerment	1400 North C Street	Sacramento	CA	95814	03-0520643	501c3	\$25,000.00	Grant
47	Neighbor to Nation	44330 Premier Plaza #200	Ashburn	VA	20147	54-1879282	501c3	\$24,973.84	Designated
48	Opening Doors, Inc.	1111 Howe Ave #125	Sacramento	CA	95825	37-1417129	501c3	\$24,000.00	Grant

**United Way California Capital Region
Schedule I, Part II Continuation Pages**

Name and address of organization or government						IRS Section if applicable	Amount of cash grant	Purpose of grant or assistance	
49	CHP Widows and Orphans Fund	PO Box 161209	Sacramento	CA	95816	94-2450780	501c3	\$22,390.60	Designated
50	Women's Empowerment	1590 North A Street	Sacramento	CA	95811	03-0520643	501c3	\$22,250.18	Designated
51	Habitat for Humanity of Greater Sacra	819 North 10th Street	Sacramento	CA	95811	68-0085804	501c3	\$21,759.65	Designated
52	St. John's Shelter for Women & Child	4410 Power Inn Road	Sacramento	CA	95826	68-0132934	501c3	\$20,500.00	Grant
53	Health and Medical Research Chariti	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3217739	501c3	\$20,456.07	Designated
54	Shriners Hospital for Children North	2425 Stockton Boulevard	Sacramento	CA	95817	04-2121377	501c3	\$19,053.64	Designated
55	Capital Public Radio, Inc.	7055 Folsom Boulevard	Sacramento	CA	95826	68-0223271	501c3	\$19,004.05	Designated
56	Church of the Foothills	3939 Cambridge Road #23	Cameron Park	CA	95682	68-0248120	501c3	\$18,797.32	Designated
57	Leukemia and Lymphoma Society, TI	7750 College Town Drive #	Sacramento	CA	95826	68-0097738	501c3	\$18,788.94	Designated
58	Koinonia Family Services	PO Box 1403	Loomis	CA	95650	94-2792265	501c3	\$18,433.48	Designated
59	Greater Sacramento Urban League	3725 Marysville Boulevard	Sacramento	CA	95838	94-1686314	501c3	\$17,690.34	Designated
60	SPCA Sacramento	6201 Florin-Perkins Road	Sacramento	CA	95828	94-1312343	501c3	\$17,464.37	Designated
61	New Love Ministries	PO Box 644	North Highlands	CA	95660	80-0565154	501c3	\$17,393.46	Designated
62	Military Family and Veterans Service	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3193418	501c3	\$17,321.76	Designated
63	Child Abuse Prevention Center	4700 Roseville Road	North Highlands	CA	95660	94-2833431	501c3	\$15,777.76	Designated
64	Christian Charities USA	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3255961	501c3	\$15,740.00	Designated
65	HOPE Worldwide, Ltd	1285 Drummers Lane #105	Wayne	PA	19087	04-3129839	501c3	\$15,015.58	Designated
66	Wounded Warrior Project, The	4899 Belfort Road, Suite 3	Jacksonville	FL	32256	20-2370934	501c3	\$14,946.65	Designated
67	Faith Fellowship Community Church	5937 Watt Avenue	North Highlands	CA	95660	68-0466856	501c3	\$14,799.11	Designated
68	Fremont Presbyterian Church	5770 Carlson Drive	Sacramento	CA	95819	94-1279824	501c3	\$14,701.72	Designated
69	Placer Food Bank	8284 Industrial Avenue	Roseville	CA	95678	94-1740316	501c3	\$14,404.03	Designated
70	Calvary Chapel of the Foothills	Po Box 179	Shingle Springs	CA	95682	68-0301529	501c3	\$14,400.00	Designated
71	Francis House of Sacramento	1422 C Street	Sacramento	CA	95814	94-2437147	501c3	\$14,270.03	Designated
72	Presbyterian Church of Fair Oaks	11427 Fair Oaks Boulevard	Fair Oaks	CA	95628	94-1569346	501c3	\$14,262.50	Designated
73	Oak Hills Church	1100 Blue Ravine	Folsom	CA	95630	68-0083157	501c3	\$13,841.75	Designated
74	Trinity Episcopal Church	803 Figueroa Street	Folsom	CA	95630	68-0012638	501c3	\$13,824.82	Designated
75	Cancer Cure of America: Care, Unde	1100 Larkspur Landing Cir	Larkspur	CA	94939	81-0648432	501c3	\$13,615.14	Designated
76	Center for AIDS Research, Educatio	1500 21st Street	Sacramento	CA	95814	68-0162903	501c3	\$13,607.84	Designated
77	River City Food Bank	PO Box 160204	Sacramento	CA	95816	91-1851398	501c3	\$13,307.41	Designated
78	Community Bible Church	612 Persifer Street	Folsom	CA	95630	94-1447217	501c3	\$13,050.00	Designated
79	Firefighters Burn Institute	3101 Stockton Boulevard	Sacramento	CA	95820	23-7364927	501c3	\$13,021.27	Designated
80	Asian Community Center of Sacrame	7311 Greenhaven Drive, Su	Sacramento	CA	95831	94-2271380	501c3	\$12,781.80	Designated
81	SPCA Placer County	150 Corporation Yard Road	Roseville	CA	95678	94-2607682	501c3	\$12,772.29	Designated
82	Children's Charities of America	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3148588	501c3	\$12,398.87	Designated
83	Susan G Komen for the Cure Sacram	9310 Tech Center Drive #2	Sacramento	CA	95826	94-3169358	501c3	\$12,245.79	Designated
84	Eskaton Foundation Inc.	5105 Manzanita Avenue	Carmichael	CA	95608	68-0227233	501c3	\$12,017.52	Designated

**United Way California Capital Region
Schedule I, Part II Continuation Pages**

Name and address of organization or government						IRS Section if applicable	Amount of cash grant	Purpose of grant or assistance	
85	Antioch Progressive Baptist Church	7650 Amherst Street	Sacramento	CA	95832	68-0081931	501c3	\$11,980.31	Designated
86	Families For Early Autism Treatment	PO Box 255722	Sacramento	CA	95865	68-0287252	501c3	\$11,815.63	Designated
87	Unique & Noteworthy Charities	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3067804	501c3	\$11,754.61	Designated
88	First Baptist Church Elk Grove	8939 East Stockton Boulevard	Elk Grove	CA	95624	94-2145927	501c3	\$11,731.62	Designated
89	Yolo Food Bank	1244 Fortna Avenue	Woodland	CA	95776	23-7111782	501c3	\$11,476.47	Designated
90	Gold Country Baptist Church	PO Box 768	Shingle Springs	CA	95682	94-2653401	501c3	\$11,300.00	Designated
91	Catholic Social Services of Solano	125 Corporate Place, # A	Vallejo	CA	94590	94-2576612	501c3	\$11,154.52	Designated
92	Homeward Bound Golden Retriever I	7495 Natomas Road	Elverta	CA	95626	68-0442702	501c3	\$11,020.47	Designated
93	Chinese Immanuel Church	118 Fantages Way	Folsom	CA	95630	68-0246524	501c3	\$10,884.58	Designated
94	KVIE Inc., Channel 6 Public Televisi	2030 West El Camimo Ave	Sacramento	CA	95833	94-1421463	501c3	\$10,667.76	Designated
95	Chinese Grace Bible Church	6656 Park Riviera Way	Sacramento	CA	95831	23-7108998	501c3	\$10,648.78	Designated
96	Boy Scouts of America Golden Empi	PO Box 13558	Sacramento	CA	95853	23-7627152	501c3	\$10,588.90	Designated
97	Roberts Family Development Center	770 Darina Avenue	Sacramento	CA	95815	68-0470557	501c3	\$10,564.86	Designated
98	Sacramento Life Center, Inc.	930 Alhambra Boulevard #.	Sacramento	CA	95816	23-7182685	501c3	\$10,264.23	Designated
99	Touchstone Christian Fellowship	4441 Auburn Boulevard #A	Sacramento	CA	95841	20-1403893	501c3	\$10,100.00	Designated
100	Stockton Shelter for the Homeless	PO Box 4803	Stockton	CA	95204	68-0095693	501c3	\$10,042.52	Designated
101	Sacramento Court Appointed Special	PO Box 278383	Sacramento	CA	95827	68-0257139	501c3	\$10,028.99	Designated
102	Harbor Community Church	PO Box 1610	Folsom	CA	95763	68-0450586	501c3	\$10,008.98	Designated
103	Pentecost Fellowship Ministries	6489 47th Street	Sacramento	CA	95823	68-0253539	501c3	\$9,874.52	Designated
104	Lakehills Covenant Church	7000 Rossmore Ln	El Dorado Hills	CA	95762	68-0337337	501c3	\$9,825.00	Designated
105	St John the Baptist Catholic Church	307 Montrose Drive	Folsom	CA	95630	94-1201221	501c3	\$9,495.24	Designated
106	Center for Fathers & Families	920 Del Paso Boulevard	Sacramento	CA	95815	68-0310997	501c3	\$9,435.30	Designated
107	Holy Trinity Parish	3111 Tierra de Dios Drive	El Dorado Hills	CA	95762	45-3954361	501c3	\$9,397.91	Designated
108	VIBHA	1030 E El Camino Real #42	Sunnyvale	CA	94087	22-3122761	501c3	\$9,363.93	Designated
109	Sierra Forever Families	8928 Volunteer Lane #100	Sacramento	CA	95826	68-0002878	501c3	\$9,295.93	Designated
110	Foothills United Methodist Church	3301 Green Valley Road	Rescue	CA	95672	23-7255269	501c3	\$9,060.00	Designated
111	Wellspring Women's Center	PO Box 5728	Sacramento	CA	95817	91-1752615	501c3	\$8,861.79	Designated
112	Church of Jesus Christ of Latter-day	114 Toney Court	Folsom	CA	95630	87-0234341	501c3	\$8,750.00	Designated
113	St. Jude Children's Research Hospital	12365 Lewis Street #101	Garden Grove	CA	92840	35-1044585	501c3	\$8,653.60	Designated
114	St Thomas of Canterbury Episcopal C	425 University Boulevard N	Albuquerque	NM	87106	85-0152901	501c3	\$8,400.00	Designated
115	Wild Animals Worldwide	1100 Larkspur Landing Cir	Larkspur	CA	94939	20-8774272	501c3	\$8,340.01	Designated
116	American Cancer Society California I	1710 Webster Street	Oakland	CA	94612	94-1170350	501c3	\$8,314.04	Designated
117	Church of Jesus Christ of Latter-day	50 E North Temple	Salt Lake City	UT	84150	87-0569884	501c3	\$8,300.00	Designated
118	Girl Scouts Heart of Central Californi	6601 Elvas Avenue	Sacramento	CA	95819	94-1582429	501c3	\$8,255.28	Designated
119	Snowline Hospice of El Dorado Cour	6520 Pleasant Valley Road	Diamond Spring	CA	95619	94-2678570	501c3	\$8,243.98	Designated
120	River Rock Christian Reformed Chur	PO Box 1625	Folsom	CA	95763	68-0419690	501c3	\$8,133.30	Designated

**United Way California Capital Region
Schedule I, Part II Continuation Pages**

Name and address of organization or government						IRS Section if applicable	Amount of cash grant	Purpose of grant or assistance	
121	Lilliput Childrens Services, Sacramer	8391 Auburn Boulevard	Citrus Heights	CA	95610	94-2614102	501c3	\$8,105.13	Designated
122	Alzheimers Aid Society of Northern	PO Box 60095	Sacramento	CA	95860	94-2721961	501c3	\$8,098.59	Designated
123	Next Move Sacramento	2925 34th Street	Sacramento	CA	95817	94-2172933	501c3	\$7,975.15	Designated
124	NAMI Sacramento	3440 Viking Drive, Suite 1	Sacramento	CA	95827	94-2861509	501c3	\$7,760.15	Designated
125	St Clare Catholic Church Roseville	1950 Junction Boulevard	Roseville	CA	95747	94-1270353	501c3	\$7,725.00	Designated
126	First United Methodist Church of Loc	6414 Brace Road	Loomis	CA	95650	94-2350580	501c3	\$7,720.00	Designated
127	Food Bank of El Dorado County	4550 Business Drive	Cameron Park	CA	95682	68-0457594	501c3	\$7,570.54	Designated
128	Partners for a Better World	125 Washington Street, # 2	Salem	MA	01970	20-1468898	501c3	\$7,533.62	Designated
129	My Sister's House	3053 Freeport Boulevard #1	Sacramento	CA	95818	68-0464114	501c3	\$7,521.55	Designated
130	Conservation & Preservation Charitie	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3217738	501c3	\$7,382.80	Designated
131	Educational Media Foundation K-LO	PO Box 779002	Rocklin	CA	95677	94-2816342	501c3	\$7,348.19	Designated
132	Stanford Settlement Neighborhood C	450 West El Camino Avenu	Sacramento	CA	95833	94-1550842	501c3	\$7,214.70	Designated
133	Planned Parenthood Mar Monte, Sac	201 29th Street	Sacramento	CA	95816	94-1583439	501c3	\$7,120.65	Designated
134	Paradise Missionary Baptist Church	3651 27th Avenue	Sacramento	CA	95820	36-2181949	501c3	\$7,068.29	Designated
135	Macedonia Missionary Baptist Churc	700 Benton	Sacramento	CA	95838	36-2310475	501c3	\$7,048.18	Designated
136	Real Life Church	1921 Arena Boulevard #10	Sacramento	CA	95834	20-3235202	501c3	\$6,962.43	Designated
137	CASA El Dorado - Court Appointed	347 Main Street	Placerville	CA	95667	68-0299245	501c3	\$6,952.38	Designated
138	Green Valley Community Church	3500 Missouri Flat Road	Placerville	CA	95667	94-2187065	501c3	\$6,801.34	Designated
139	Adventure Christian Church	6401 Stanford Ranch Road	Roseville	CA	95678	68-0332995	501c3	\$6,782.67	Designated
140	Laguna Chinese Baptist Church	9215 Neosho Drive	Elk Grove	CA	95758	94-2403131	501c3	\$6,759.35	Designated
141	American Heart Association Los Ang	816 S Figueroa Street	Los Angeles	CA	90017	13-5613797	501c3	\$6,638.76	Designated
142	Stanford Youth Solutions	8912 Volunteer Lane	Sacramento	CA	95826	68-0065690	501c3	\$6,635.00	Designated
143	Boys and Girls Club of Placer County	679 Lincoln Way	Auburn	CA	95603	68-0321820	501c3	\$6,579.33	Designated
144	St Joseph Marello Parish	7200 Auburn Folsom Road	Granite Bay	CA	95746	61-1613020	501c3	\$6,558.69	Designated
145	Sun Hills Community Church	1035 Suncast Lane #105	El Dorado Hills	CA	95762	68-0285429	501c3	\$6,484.00	Designated
146	Rocklin-Sunset Oaks Seventh-day Ad	3500 Sunset Boulevard	Rocklin	CA	95677	52-0643036	501c3	\$6,480.00	Designated
147	Volunteers of America Greater Sacra	3434 Marconi Avenue	Sacramento	CA	95821	94-6001984	501c3	\$6,410.23	Designated
148	Twin Lakes Food Bank	PO Box 743	Folsom	CA	95763	68-0225605	501c3	\$6,273.49	Designated
149	Muscular Dystrophy Association, Sac	3010 Lava Ridge Court #16	Roseville	CA	95661	13-1665552	501c3	\$6,260.74	Designated
150	Eureka Schools Foundation	PO Box 2444	Granite Bay	CA	95746	68-0280171	501c3	\$6,226.39	Designated
151	Alzheimer's Foundation of America	322 Eighth Avenue, 7th Flo	New York	NY	10001	91-1792864	501c3	\$6,207.72	Designated
152	Yolo Hospice, Inc.	PO Box 1014	Davis	CA	95617	94-2597528	501c3	\$6,195.96	Designated
153	Easter Seals Society of Superior Cali	3205 Hurley Way	Sacramento	CA	95864	94-1279800	501c3	\$6,109.93	Designated
154	New Home Missionary Baptist Churc	6612 Woodbine Avenue	Sacramento	CA	95822	68-0012138	501c3	\$6,069.03	Designated
155	GiveLight Foundation	PO Box 62362	Sunnyvale	CA	94085	56-2500794	501c3	\$6,000.00	Designated
156	Weed Church of Christ	19104 1st Avenue	Weed	CA	96094	94-2882407	501c3	\$6,000.00	Designated

**United Way California Capital Region
Schedule I, Part II Continuation Pages**

Name and address of organization or government						IRS Section if applicable	Amount of cash grant	Purpose of grant or assistance	
157	Christian Brothers High School	4315 Martin Luther King B	Sacramento	CA	95820	68-0322360	501c3	\$5,988.10	Designated
158	PRIDE Industries Foundations	10030 Foothills Boulevard	Roseville	CA	95747	94-1650529	501c3	\$5,986.63	Designated
159	Christ Unity Church	9249 Folsom Boulevard	Sacramento	CA	95826	94-1408141	501c3	\$5,884.10	Designated
160	Legal Services of Northern California	517 12th Street	Sacramento	CA	95814	94-1384659	501c3	\$5,879.35	Designated
161	Women, Children and Family Service	1100 Larkspur Landing Cir	Larkspur	CA	94939	94-3193386	501c3	\$5,810.85	Designated
162	St Francis High School	5900 Elvas Avenue	Sacramento	CA	95819	94-1582159	501c3	\$5,723.52	Designated
163	American Diabetes Association Sacra	4600 Roseville Rd. #130	North Highlands	CA	95660	13-1623888	501c3	\$5,650.83	Designated
164	Doctors Without Borders USA, Inc.	333 7th Avenue, 2nd Floor	New York	NY	10001	13-3433452	501c3	\$5,610.17	Designated
165	La Familia Counseling Center, Inc.	5523 34th Street	Sacramento	CA	95820	94-2270786	501c3	\$5,562.32	Designated
166	CCHAT Center Sacramento	11100 Coloma Road	Rancho Cordova	CA	95670	94-1706320	501c3	\$5,542.09	Designated
167	Rancho Murieta Community Church	PO Box 552	Rancho Murieta	CA	95683	68-0224609	501c3	\$5,500.00	Designated
168	St Jude Childrens Research Hospital	501 St Jude Place	Memphis	TN	38105	62-0646012	501c3	\$5,419.11	Designated
169	United Negro College Fund, Inc. San	220 Montgomery Street #11	San Francisco	CA	94104	13-1624241	501c3	\$5,416.58	Designated
170	Sierra Grace Fellowship	1260 Wesley Lane	Auburn	CA	95603	91-1844245	501c3	\$5,363.30	Designated
171	Living Water Church	9766 Waterman Road, Suite	Elk Grove	CA	95624	94-3328307	501c3	\$5,256.98	Designated
172	Cordova Neighborhood Church	10604 Coloma Road	Rancho Cordova	CA	95670	94-2349257	501c3	\$5,200.00	Designated
173	Folsom Cordova Community Partners	PO Box 3227	Rancho Cordova	CA	95741	68-0271664	501c3	\$5,093.51	Designated
174	Courage Worldwide	3031 Stanford Ranch Road,	Rocklin	CA	95765	20-3126288	501c3	\$5,077.22	Designated
175	Sacramento Valley Teen Challenge	PO Box 276737	Sacramento	CA	95827	68-0070116	501c3	\$5,010.21	Designated
176	Elk Grove Community Food Bank Se	PO Box 1447	Elk Grove	CA	95759	38-3664737	501c3	\$5,001.44	Designated
177	Lutheran Social Services of Northern	1465 Civic Center Bldg D #	Concord	CA	94520	94-1659687	501c3	\$5,001.30	Designated
178	International Society for Krishna Con	1965 Latham Street	Mountain View	CA	94040	77-0463781	501c3	\$5,001.00	Designated

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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	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 in line 1a?	2	X
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c 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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 in 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, columns (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEPHANIE BRAY	(i) 199,516.			4,220.	5,623.	209,359.	
		(ii)						
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**SCHEDULE O
(Form 990 or 990-EZ)**

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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

PAGE 6, PART VI, SECTION B, LINE 11A

A COPY OF THE FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE
OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

PAGE 6, PART VI, SECTION B, LINE 12C

ENFORCEMENT OF THE POLICY IS HANDLED BY OUR ETHICS REP AND A
COMMITTEE (AS NECESSARY).

PAGE 6, PART VI, SECTION B, LINE 15

HANDLED ON AN ANNUAL BASIS BY A SUB-COMMITTEE OF THE FINANCE
AND THEN TAKEN TO THE FULL BOARD FOR APPROVAL.

PAGE 6, PART VI, SECTION C, LINE 19

AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ON GUIDESTAR.
ALSO AVAILABLE UPON DEMAND.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 organization?	
						Yes	No
(1) SACRAMENTO FOUNDATION 94-6138699 10389 OLD PLACE SACRAMENTO CA 95827	SUPPORT UNITED WAY	CA	501C3	170B1	NA		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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	
(1)												0.00
(2)												0.00
(3)												0.00
(4)												0.00
(5)												0.00
(6)												0.00
(7)												0.00

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
(1)							0.00		
(2)							0.00		
(3)							0.00		
(4)							0.00		
(5)							0.00		
(6)							0.00		
(7)							0.00		

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Depreciation and Amortization
 (Including Information on Listed Property)

▶ **Attach to your tax return.**
 ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Name(s) shown on return UNITED WAY CALIFORNIA CAPITAL	Business or activity to which this form relates UNITED WAY CALIFORNIA	Identifying number 94-1225382
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	18,402.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	18,402.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY CALIFORNIA CAPITAL	Employer identification number (EIN) or 94-1225382
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 10389 OLD PLACERVILLE ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO CA 95827-2506	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **BRAD PARSONS, CONTROLLER**
Telephone No. ► **916-368-3000** Fax No. ► _____
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4** I request an additional 3-month extension of time until _____ **MAY 15**, 20 **16**.
- 5** For calendar year _____, or other tax year beginning **Jul 01**, 20 **14**, and ending **Jun 30**, 20 **15**.
- 6** If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7** State in detail why you need the extension **WE RESPECTFULLY ASK FOR 3 MORE MONTHS TO GIVE OUR BOARD OF DIRECTORS ADDITIONAL TIME TO REVIEW THIS INCOME TAX RETURN AT A MARCH 2016 BOARD MEETING BEFORE FILING.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► _____ Title ► **CONTROLLER** Date ► **02/12/2016**

BCA Form **8868** (Rev. 1-2014)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning Jul 01, 2014, & ending Jun 30, 2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2014

Name of exempt organization
UNITED WAY CALIFORNIA CAPITAL

Employer identification number
94-1225382

Name and title of officer
VICTORIA KOSHA EXEC VP, COO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>12,020,238.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PARSONS FINANCIAL SERVICES to enter my PIN 94122 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 02/10/2016

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68177703282
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 02/14/2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

US 990**Other Functional Expenses: Page 10, Line 24****2014**

Description of the Asset	Total	Program Services	Management and General	Fundraising
COST OF MEALS	371,356.	371,356.		
DUES & SUBSCRIPTIONS	12,378.	5,211.	3,156.	4,011.
PAYROLL OUTSOURCING	6,950.	2,926.	1,772.	2,252.
WORKERS COMPENSATION	22,484.	9,564.	5,690.	7,230.
MISCELLANEOUS	54,475.	22,932.	13,892.	17,651.
	467,643.	411,989.	24,510.	31,144.

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J SMITH DIRECTOR	1	X								
(2) P STEWART DIRECTOR	1	X								
(3) V SYKES DIRECTOR	1	X								
(4) A TAYLOR DIRECTOR	1	X								
(5) C TURPIN DIRECTOR	1	X								
(6) Y WALKER DIRECTOR	1	X								
(7) D WILSON DIRECTOR	1	X								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										