

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | | |
|---|--|--|--|
| 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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization UNITED WAY CALIFORNIA CAPITAL | | D Employer identification number 94-1225382 |
| | Doing business as | | E Telephone number 916-368-3000 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95827-2506 | | G Gross receipts \$ 12,082,060. |
| F Name and address of principal officer: AMBER LOVETT SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" 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(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J Website: WWW.UWCCR.ORG | | If "No," attach a list. (see instructions) | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | H(c) Group exemption number ▶ | |
| L Year of formation: 1952 | | M State of legal domicile: CA | |

Part I Summary

| | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE UNITED WAY CALIFORNIA CAPITAL REGION WAS ORGANIZED TO RAISE FUNDS FOR THE FINANCING OF A |
| | 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 26 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 20 |
| | 6 Total number of volunteers (estimate if necessary) 6 1370 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 12,826,954. 12,015,559. |
| | 9 Program service revenue (Part VIII, line 2g) 0. 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 952. 3,390. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -111,965. -247,278. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,715,941. 11,771,671. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,443,630. 7,410,910. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,601,514. 2,733,228. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) 1,037,525. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,361,770. 2,433,599. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,406,914. 12,577,737. |
| 19 Revenue less expenses. Subtract line 18 from line 12 309,027. -806,066. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 8,318,932. 7,887,482. |
| | 21 Total liabilities (Part X, line 26) 4,541,637. 4,916,253. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 3,777,295. 2,971,229. |

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 | Date | | | |
| | AMBER LOVETT, INTERIM PRESIDENT & CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LINDA D. GEERY | Preparer's signature LINDA D. GEERY | Date 07/15/21 | Check if self-employed <input type="checkbox"/> | PTIN P00364484 |
| | Firm's name GILBERT CPAS | Firm's EIN 68-0037990 | Firm's address 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833 | Phone no. 916-646-6464 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 7,410,910. including grants of \$ 7,410,910.) (Revenue \$) ALLOCATION OF CASH AND OTHER CONTRIBUTIONS TO CERTIFIED AGENCIES FOR THEIR USE, OPERATION AND MAINTENANCE IN PERFORMING CHARITABLE, HEALTH AND WELFARE WORK AND/FOR THE OPERATION AND MAINTENANCE OF THESE AGENCIES.

4b (Code:) (Expenses \$ 3,177,975. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,588,885.

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

| | | Yes | No |
|--|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 20 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 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 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | 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 |
| 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 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 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? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 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? | 12a | |
| 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? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 26 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 25 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **AMBER LOVETT - 916-368-3000**
10389 OLD PLACERVILLE ROAD, SACRAMENTO, CA 95827-2506

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) DAVE CABLE CHAIR | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) STEVEN LINS VICE CHAIR | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JULIE QUINN PAST CHAIR | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DAVID WILSON DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) DAVID BOWEN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) JASON CLARKE DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) DAVID GREENLY DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) KIM HEWITT DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JAMES JORDAN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) FAWZIA KEVAL DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) RUTH MILLER DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) CAROLYN MULLINS DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) PAUL NAVAZIO DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) RICHARD PAN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JOHN PURCELL DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) RANDY ROJAS DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) JOAQUIN RAZO DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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 | | | |
| (18) FABRIZIO SASSO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) JEREMIAH SMITH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) VANESSA SHEARED DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) OYANGO SNELL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) BARBARA SWARTOS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) VELMA SYKES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) ALLEN TAYLOR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) CAROLYN TURPIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) STEPHANIE BRAY PRESIDENT/CEO | 39.00 1.00 | | | X | | | | 206,300. | 0. | 42,834. |
| 1b Subtotal | | | | | | | | 206,300. | 0. | 42,834. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 202,616. | 0. | 50,060. |
| d Total (add lines 1b and 1c) | | | | | | | | 408,916. | 0. | 92,894. |

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 **3**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | 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? If "Yes," complete Schedule J for such individual | 4 | 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? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (27) JENNIFER MACIAS FORMER EXECUTIVE VP/COO | 39.00 1.00 | | | X | | | | 99,873. | 0. | 26,052. |
| (28) AMBER LOVETT SENIOR VICE PRESIDENT | 40.00 | | | | | X | | 102,743. | 0. | 24,008. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 202,616. | | 50,060. |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 184,604. | | | | |
| | d Related organizations | 1d | 317,676. | | | | |
| | e Government grants (contributions) | 1e | 433,550. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 11,079,729. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 12,015,559. | | | |
| Program Service Revenue | 2 a _____ | 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) | | 3,390. | | | 3,390. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 184,604. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 63,111. | | | | |
| | | | 310,389. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | -247,278. | | -247,278. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 11,771,671. | 0. | 0. | -243,888. | |

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 | 7,410,910. | 7,410,910. | | |
| 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 | 308,365. | 138,655. | 45,909. | 123,801. |
| 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 | 1,823,713. | 1,188,286. | 342,676. | 292,751. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 57,724. | 25,955. | 8,594. | 23,175. |
| 9 Other employee benefits | 353,793. | 159,082. | 52,672. | 142,039. |
| 10 Payroll taxes | 189,633. | 85,268. | 28,232. | 76,133. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 398,915. | 78,765. | 182,966. | 137,184. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 277,626. | 98,618. | 86,320. | 92,688. |
| 14 Information technology | 60,880. | 21,098. | 15,069. | 24,713. |
| 15 Royalties | | | | |
| 16 Occupancy | 86,200. | | 86,200. | |
| 17 Travel | 24,351. | 8,292. | 6,692. | 9,367. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 35,605. | 11,354. | 9,946. | 14,305. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 34,047. | 3,022. | 23,321. | 7,704. |
| 23 Insurance | 13,472. | 2,109. | 8,820. | 2,543. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM ADMINISTRATORS | 1,374,029. | 1,323,148. | 316. | 50,565. |
| b MISCELLANEOUS | 64,306. | 11,341. | 38,211. | 14,754. |
| c DUES AND SUBSCRIPTIONS | 64,168. | 22,982. | 15,383. | 25,803. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,577,737. | 10,588,885. | 951,327. | 1,037,525. |
| 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 989,617. | 1 | 1,088,225. |
| | 2 Savings and temporary cash investments | 538,700. | 2 | 501,584. |
| | 3 Pledges and grants receivable, net | 4,813,901. | 3 | 4,327,692. |
| | 4 Accounts receivable, net | 100,815. | 4 | 59,274. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 48,421. | 9 | 80,705. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 769,903. | | |
| | b Less: accumulated depreciation | 10b 666,718. | 81,474. | 10c 103,185. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 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 | 1,746,004. | 15 | 1,726,817. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 8,318,932. | 16 | 7,887,482. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,510,146. | 17 | 4,332,394. |
| | 18 Grants payable | 31,491. | 18 | 31,461. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 552,398. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,541,637. | 26 | 4,916,253. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 521,301. | 27 | 729,072. |
| | 28 Net assets with donor restrictions | 3,255,994. | 28 | 2,242,157. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 3,777,295. | 32 | 2,971,229. |
| 33 Total liabilities and net assets/fund balances | 8,318,932. | 33 | 7,887,482. | |

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 | 11,771,671. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,577,737. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -806,066. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,777,295. |
| 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 on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,971,229. |

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 selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits _____ | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,633,714. | 10,411,514. | 10,215,414. | 12,826,954. | 12,015,559. | 55,103,155. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 9,633,714. | 10,411,514. | 10,215,414. | 12,826,954. | 12,015,559. | 55,103,155. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 55,103,155. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 9,633,714. | 10,411,514. | 10,215,414. | 12,826,954. | 12,015,559. | 55,103,155. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 2,809. | 1,902. | 6,313. | 952. | 3,390. | 15,366. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 55,118,521. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 207,141. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.97 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 99.97 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for 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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2019

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

| | |
|--|---|
| Name of organization UNITED WAY CALIFORNIA CAPITAL | Employer identification number 94-1225382 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>544,442.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>322,892.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>317,676.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization UNITED WAY CALIFORNIA CAPITAL | Employer identification number 94-1225382 |
|--|---|

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

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

| | |
|--|---|
| Name of organization UNITED WAY CALIFORNIA CAPITAL | Employer identification number 94-1225382 |
|--|---|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about property control and private benefit.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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 on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 574,652. | 471,467. | 103,185. |
| e Other | | 195,251. | 195,251. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 103,185. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) LEASEHOLD INTEREST IN PROPERTY | 1,726,817. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 1,726,817. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PPP LOAN | 552,398. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 552,398. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,671,150. |
| 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 | 310,389. |
| e | Add lines 2a through 2d | 2e | 310,389. |
| 3 | Subtract line 2e from line 1 | 3 | 4,360,761. |
| 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 | 7,410,910. |
| c | Add lines 4a and 4b | 4c | 7,410,910. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 11,771,671. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,477,216. |
| 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 | 310,389. |
| e | Add lines 2a through 2d | 2e | 310,389. |
| 3 | Subtract line 2e from line 1 | 3 | 5,166,827. |
| 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 | 7,410,910. |
| c | Add lines 4a and 4b | 4c | 7,410,910. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 12,577,737. |

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 X, LINE 2:

THE ORGANIZATION HAS APPLIED THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS DESIGNATED BY DONORS

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS DESIGNATED BY DONORS

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--------------|--------------|------------------|---------------------------------|
| | | WOMEN UNITED | OP KICK OFF | 2 | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 177,809. | 500. | 69,406. | 247,715. |
| | 2 Less: Contributions | 167,654. | | 16,950. | 184,604. |
| | 3 Gross income (line 1 minus line 2) | 10,155. | 500. | 52,456. | 63,111. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 145,688. | 16,851. | 147,850. | 310,389. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 310,389. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -247,278. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|------------------|--|
| | | 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 _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939 | APPLIED FOR | 501C3 | 380,516. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICA'S BEST LOCAL CHARITIES 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939 | APPLIED FOR | 501C3 | 220,810. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CALIFORNIA HIGHWAY PATROL 11-99 FOUNDATION - 3188 AIRWAY AVE, STE C - COSTA MESA, CA 92626 | APPLIED FOR | 501C3 | 194,971. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| COMMUNITY HEALTH CHARITIES 1199 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314 | APPLIED FOR | 501C3 | 163,856. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384 | APPLIED FOR | 501C3 | 119,576. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SACRAMENTO LOAVES & FISHES PO BOX 13495 SACRAMENTO, CA 95813 | APPLIED FOR | 501C3 | 113,890. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 143.

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

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275 | APPLIED FOR | 501C3 | 112,717. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY BAY AREA 550 KEARNY STREET #1000 SAN FRANCISCO, CA 94108 | APPLIED FOR | 501C3 | 95,387. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015 | APPLIED FOR | 501C3 | 86,911. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 3RD STREET - SACRAMENTO, CA 95817 | APPLIED FOR | 501C3 | 66,187. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| WEAVE, INC. 1900 K STREET SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 59,050. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| EARTHSHARE CALIFORNIA 870 MARKET ST, #703 SAN FRANCISCO, CA 94102 | APPLIED FOR | 501C3 | 57,650. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CENTER OF PRAISE MINISTRIES 1228 23RD STREET SACRAMENTO, CA 95816 | APPLIED FOR | 501C3 | 46,074. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CAHP WIDOWS AND ORPHANS TRUST FUND PO BOX 161209 SACRAMENTO, CA 95816 | APPLIED FOR | 501C3 | 45,693. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF FRESNO AND MADERA COUNTIES - PO BOX 8036 - FRESNO, CA 93747 | APPLIED FOR | 501C3 | 42,893. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD. SAN DIEGO, CA 92123 | APPLIED FOR | 501C3 | 42,709. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE RD SACRAMENTO, CA 95820 | APPLIED FOR | 501C3 | 41,382. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| MAKE-A-WISH NORTHEASTERN & CENTRAL CALIFORNIA AND NORTHERN NEVADA - 2800 CLUB CENTER DRIVE - SACRAMENTO, CA 95835 | APPLIED FOR | 501C3 | 41,216. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| INLAND EMPIRE UNITED WAY 9624 HERMOSA AVE. RANCHO CUCAMONGA, CA 91730 | APPLIED FOR | 501C3 | 37,794. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SPCA SACRAMENTO 6201 FLORIN-PERKINS ROAD SACRAMENTO, CA 95828 | APPLIED FOR | 501C3 | 36,803. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ARROWHEAD UNITED WAY PO BOX 796 SAN BERNARDINO, CA 92402 | APPLIED FOR | 501C3 | 35,956. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD - SACRAMENTO, CA 95821 | APPLIED FOR | 501C3 | 34,437. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| NEIGHBOR TO NATION 1199 N FAIRFAX ST STE 600 ALEXANDRIA, VA 22314 | APPLIED FOR | 501C3 | 33,637. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| HAPPY TAILS PET SANCTUARY 6001 FOLSOM BOULEVARD SACRAMENTO, CA 95819 | APPLIED FOR | 501C3 | 29,697. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AMERICAN CANCER SOCIETY CALIFORNIA DIVISION INC / SACRAMENTO UNIT - 1545 RIVER PARK DRIVE, SUITE 100 - SACRAMENTO, CA 95815 | APPLIED FOR | 501C3 | 27,390. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SHRINERS HOSPITAL FOR CHILDREN NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817 | APPLIED FOR | 501C3 | 25,241. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL CALIFORNIA CHAPTER - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | APPLIED FOR | 501C3 | 25,213. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF SAN JOAQUIN COUNTY, INC. - PO BOX 1585 - STOCKTON, CA 95201 | APPLIED FOR | 501C3 | 23,569. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CALIFORNIA TRANSPORTATION FOUNDATION - 581 LA SIERRA DRIVE - SACRAMENTO, CA 95864 | APPLIED FOR | 501C3 | 22,902. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF SAN LUIS OBISPO COUNTY - PO BOX 14309 - SAN LUIS OBISPO, CA 93406 | APPLIED FOR | 501C3 | 22,830. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ORANGE COUNTY UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614 | APPLIED FOR | 501C3 | 22,657. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SALVATION ARMY SAC METRO 3755 NORTH FREEWAY BLVD. SACRAMENTO, CA 95834 | APPLIED FOR | 501C3 | 22,192. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF NORTHERN CALIFORNIA P.O. BOX 990248 REDDING, CA 96099 | APPLIED FOR | 501C3 | 21,793. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SAINT JOHN'S PROGRAM FOR REAL CHANGE - 2443 FAIR OAKS BLVD #369 - SACRAMENTO, CA 95825 | APPLIED FOR | 501C3 | 21,098. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CMC EMPLOYEE BENEFIT FUND HWY 1 N. SAN LUIS OBISPO, CA 93409 | APPLIED FOR | 501C3 | 20,383. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | APPLIED FOR | 501C3 | 20,078. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN RED CROSS CAPITAL REGION CHAPTER - 1565 EXPOSITION BOULEVARD - SACRAMENTO, CA 95815 | APPLIED FOR | 501C3 | 19,320. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF THE INLAND VALLEYS 9624 HERMOSA AVENUE RANCHO CUCAMONGA, CA 91730 | APPLIED FOR | 501C3 | 19,063. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ELK GROVE COMMUNITY FOOD BANK SERVICES - P.O. BOX 1447 - ELK GROVE, CA 95759 | APPLIED FOR | 501C3 | 18,065. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| HABITAT FOR HUMANITY GREATER SACRAMENTO- - 819 NORTH 10TH STREET - SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 18,001. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF KERN COUNTY, INC. 5405 STOCKDALE HWY SUITE 200 BAKERSFIELD, CA 93309 | APPLIED FOR | 501C3 | 17,334. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CNTR PKWY SANTA ROSA, CA 95695 | APPLIED FOR | 501C3 | 17,102. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD SACRAMENTO, CA 95826 | APPLIED FOR | 501C3 | 16,215. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CALIFORNIA BLACK CHAMBER OF COMMERCE FOUNDATION, INC. - 1600 SACRAMENTO INN WAY, SUITE #232 - SACRAMENTO, CA 95815 | APPLIED FOR | 501C3 | 16,203. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| WIND YOUTH SERVICES 815 S STREET SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 15,878. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | APPLIED FOR | 501C3 | 15,827. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| HABITAT FOR HUMANITY GREATER SACRAMENTO - 819 NORTH 10TH STREET - SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 15,358. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940 | APPLIED FOR | 501C3 | 14,415. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| MY SISTER'S HOUSE 3053 FREEPORT BLVD., #120 SACRAMENTO, CA 95818 | APPLIED FOR | 501C3 | 14,387. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BADGE OF BROTHERS PO BOX 601 LEMOORE, CA 93245 | APPLIED FOR | 501C3 | 13,649. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402 | APPLIED FOR | 501C3 | 13,341. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COLD SPRINGS CHURCH 2600 COLD SPRINGS ROAD PLACERVILLE, CA 95667 | APPLIED FOR | 501C3 | 12,206. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BAYSIDE COVENANT CHURCH PO BOX 2336 GRANITE BAY, CA 95746 | APPLIED FOR | 501C3 | 11,705. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FIRST BAPTIST CHURCH 3535 N EL DORADO ST STOCKTON, CA 95204 | APPLIED FOR | 501C3 | 11,315. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ANIMAL RESCUE LEAGUE 4811 MYRTLE AVENUE SACRAMENTO, CA 95841 | APPLIED FOR | 501C3 | 11,136. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FIREFIGHTERS BURN INSTITUTE 3101 STOCKTON BLVD SACRAMENTO, CA 95820 | APPLIED FOR | 501C3 | 11,069. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678 | APPLIED FOR | 501C3 | 10,899. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF STANISLAUS COUNTY, INC. - PO BOX 3066 - MODESTO, CA 95353 | APPLIED FOR | 501C3 | 10,858. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| RIVER CITY FOOD BANK PO BOX 160204 SACRAMENTO, CA 95816 | APPLIED FOR | 501C3 | 10,735. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO - 5212 LEMON HILL AVENUE - SACRAMENTO, CA 95824 | APPLIED FOR | 501C3 | 10,702. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| EXPLORER POST 535 1601 CORPORATE CENTER DRIVE MONTEREY PARK, CA 91754 | APPLIED FOR | 501C3 | 10,620. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 10,326. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CHINESE GRACE BIBLE CHURCH 6656 PARK RIVIERA WAY SACRAMENTO, CA 95831 | APPLIED FOR | 501C3 | 10,183. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| PLACER COUNTY SPCA 200 TAHOE AVE ROSEVILLE, CA 95678 | APPLIED FOR | 501C3 | 9,907. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN RIVER PARKWAY FOUNDATION 5700 ARDEN WAY CARMICHAEL, CA 95608 | APPLIED FOR | 501C3 | 9,861. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| YUBA-SUTTER-COLUSA UNITED WAY P.O. BOX 122 MARYSVILLE, CA 95901 | APPLIED FOR | 501C3 | 9,858. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BAY AREA BLACK UNITED FUND 1212 BROADWAY, SUITE 500 OAKLAND, CA 94612 | APPLIED FOR | 501C3 | 9,804. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY FRESNO 4949 E KINGS CANYON ROAD FRESNO, CA 93727 | APPLIED FOR | 501C3 | 9,745. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CHILD ABUSE PREVENTION CENTER 4700 ROSEVILLE ROAD, SUITE 102 NORTH HIGHLANDS, CA 95660 | APPLIED FOR | 501C3 | 9,590. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNITED WAY OF TULARE COUNTY 1601 E PROSPERITY AVE TULARE, CA 93274 | APPLIED FOR | 501C3 | 9,544. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDREN'S PL MADERA, CA 93636 | APPLIED FOR | 501C3 | 9,304. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| POVERELLO HOUSE PO BOX 12225 FRESNO, CA 93777 | APPLIED FOR | 501C3 | 9,201. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| STANFORD SIERRA YOUTH & FAMILIES 8912 VOLUNTEER LANE SACRAMENTO, CA 95826 | APPLIED FOR | 501C3 | 9,067. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED NEGRO COLLEGE FUND, INC. SAN FRANCISCO BAY AREA - 220 MONTGOMERY STREET, SUITE 1120 - SAN FRANCISCO, CA 94104 | APPLIED FOR | 501C3 | 9,048. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| NEXT MOVE SACRAMENTO 8001 FOLSOM BLVD. SACRAMENTO, CA 95826 | APPLIED FOR | 501C3 | 9,014. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| HOMEWARD BOUND GOLDEN RETRIEVER RESCUE & SANCTUARY, INC. - 7495 NATOMAS RD - ELVERTA, CA 95626 | APPLIED FOR | 501C3 | 9,006. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CHILDRENS HOSPITAL LOS ANGELES UNITED WAY LOS ANGELES - 4650 SUNSET BLVD - LOS ANGELES, CA 90027 | APPLIED FOR | 501C3 | 8,922. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, SUITE 420 ROCKVILLE, MD 20850 | APPLIED FOR | 501C3 | 8,885. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FRIENDS OF FRONT STREET SHELTER PO BOX 22214 SACRAMENTO, CA 95822 | APPLIED FOR | 501C3 | 8,878. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| KOINONIA FAMILY SERVICES P.O. BOX 1403 LOOMIS, CA 95650 | APPLIED FOR | 501C3 | 8,706. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN NATIONAL RED CROSS OF YOLO COUNTY - 1565 EXPOSITION BOULEVARD #100 - SACRAMENTO, CA 95815 | APPLIED FOR | 501C3 | 8,693. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SMUD'S ENERGY HELP PO BOX 15830 SACRAMENTO, CA 95852 | APPLIED FOR | 501C3 | 8,683. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN HEART ASSOCIATION LOS ANGELES - 816 S FIGUEROA ST - LOS ANGELES, CA 90017 | APPLIED FOR | 501C3 | 8,677. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BIG BROTHERS BIG SISTERS OF THE GREATER SACRAMENTO AREA - 800 HOWE AVENUE, SUITE 440 - SACRAMENTO, CA 95825 | APPLIED FOR | 501C3 | 8,675. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CENTRAL CALIFORNIA FOOD BANK 3403 EAST CENTRAL AVENUE FRESNO, CA 93725 | APPLIED FOR | 501C3 | 8,479. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF IMPERIAL COUNTY 2410 IMPERIAL BUSINESS PARK DR. IMPERIAL, CA 92251 | APPLIED FOR | 501C3 | 8,452. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| VALLEY CHILDRENS HEALTHCARE FOUNDATION - 9300 VALLEY CHILDRENS PLACE, PC17 - MADERA, CA 93638 | APPLIED FOR | 501C3 | 8,426. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MEALS ON WHEELS BY ACC 7375 PARK CITY DR SACRAMENTO, CA 95831 | APPLIED FOR | 501C3 | 8,377. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| EDUCATIONAL MEDIA FOUNDATION K-LOVE - PO BOX 2098 - OMAHA, NE 68103-2098 | APPLIED FOR | 501C3 | 8,254. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| WELLSPRING WOMEN'S CENTER PO BOX 5728 SACRAMENTO, CA 95817 | APPLIED FOR | 501C3 | 7,950. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| WAYFINDER FAMILY SERVICES, SACRAMENTO - 8391 AUBURN BOULEVARD - CITRUS HEIGHTS, CA 95610 | APPLIED FOR | 501C3 | 7,758. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF VENTURA COUNTY 702 COUNTY SQUARE DR., STE 100 VENTURA, CA 93003 | APPLIED FOR | 501C3 | 7,596. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SUSAN G KOMEN FOR THE CURE NORTHERN & CENTRAL CALIFORNIA - 13770 NOEL RD, UNIT 801889 - DALLAS, TX 75380 | APPLIED FOR | 501C3 | 7,460. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FRESNO RESCUE MISSION PO BOX 1422 FRESNO, CA 93716 | APPLIED FOR | 501C3 | 7,396. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| LEGAL SERVICES OF NORTHERN CALIFORNIA - 517 12TH STREET - SACRAMENTO, CA 95814 | APPLIED FOR | 501C3 | 7,393. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| JDRF INTERNATIONAL 1215 4TH AVE. #1100 SEATTLE, WA 98161 | APPLIED FOR | 501C3 | 7,282. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721 | APPLIED FOR | 501C3 | 7,209. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| KVIE INC., CHANNEL 6 PUBLIC TELEVISION - 2030 WEST EL CAMINO AVENUE, FLOOR 1 - SACRAMENTO, CA 95833 | APPLIED FOR | 501C3 | 7,054. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CONCERNS OF POLICE SURVIVORS, INC - COPS - PO BOX 3199 - CAMDENTON, MO 65020 | APPLIED FOR | 501C3 | 7,044. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN HEART ASSOCIATION SACRAMENTO DIVISION - 2007 O ST - SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 6,975. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| YOLO FOOD BANK 233 HARTER AVE WOODLAND, CA 95776 | APPLIED FOR | 501C3 | 6,930. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SACRAMENTO LIFE CENTER, INC. 2316 BELL EXECUTIVE LANE SACRAMENTO, CA 95825 | APPLIED FOR | 501C3 | 6,916. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| LAW ENFORCEMENT CHAPLAINCY - SACRAMENTO - 2500 MARCONI AVE, . SUITE 210 - SACRAMENTO, CA 95821 | APPLIED FOR | 501C3 | 6,853. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SACRAMENTO LGBTQ COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 6,739. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ACC SENIOR SERVICES 7334 PARK CITY DRIVE SACRAMENTO, CA 95831 | APPLIED FOR | 501C3 | 6,735. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| STANFORD SETTLEMENT NEIGHBORHOOD CENTER - 450 WEST EL CAMINO AVE. - SACRAMENTO, CA 95833 | APPLIED FOR | 501C3 | 6,654. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FAMILIES FOR EARLY AUTISM TREATMENT, INC - PO BOX 255722 - SACRAMENTO, CA 95865 | APPLIED FOR | 501C3 | 6,549. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| HINDS HOSPICE 2490 W SHAW, SUITE 101 FRESNO, CA 93711 | APPLIED FOR | 501C3 | 6,530. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FIRST BAPTIST CHURCH ELK GROVE 8939 E STOCKTON BLVD ELK GROVE, CA 95624 | APPLIED FOR | 501C3 | 6,317. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE. - CONCORD, CA 94520 | APPLIED FOR | 501C3 | 6,314. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SOCIETY FOR THE BLIND 1238 S STREET SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 6,130. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA CHAPTER - 4153 NORTHGATE BLVD SUITE 6 - SACRAMENTO, CA 95834 | APPLIED FOR | 501C3 | 6,086. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| VALLEY ANIMAL CENTER 3934 N. HAYSTON AVE FRESNO, CA 93726 | APPLIED FOR | 501C3 | 6,048. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BBMJ YOUTH HEALTH SPORTS CAMP 8 KAM COURT SACRAMENTO, CA 95838 | APPLIED FOR | 501C3 | 6,039. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

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|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PETS FOR VETS, INC. PO BOX 10860 WILMINGTON, NC 28404 | APPLIED FOR | 501C3 | 6,025. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ST FRANCIS HIGH SCHOOL 5900 ELVAS AVENUE SACRAMENTO, CA 95819 | APPLIED FOR | 501C3 | 6,021. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DRIVE CAMERON PARK, CA 95682 | APPLIED FOR | 501C3 | 5,897. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| NAMI SACRAMENTO PO BOX 277147 SACRAMENTO, CA 95827 | APPLIED FOR | 501C3 | 5,865. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FRESNO BULLY RESCUE 11740 E BELMONT AVE SANGER, CA 93657 | APPLIED FOR | 501C3 | 5,853. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNITED WAY OF THE DESERT PO BOX 13210 PALM DESERT, CA 92255 | APPLIED FOR | 501C3 | 5,809. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN CANCER SOCIETY SAN FRANCISCO - 1545 RIVER PARK DR., SUITE 100 - SACRAMENTO, CA 95815 | APPLIED FOR | 501C3 | 5,795. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FOSTER YOUTH EDUCATION FUND 2443 FAIR OAKS BLVD. #392 SACRAMENTO, CA 95825 | APPLIED FOR | 501C3 | 5,771. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING BOULEVARD SACRAMENTO, CA 95820 | APPLIED FOR | 501C3 | 5,731. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MACEDONIA MISSIONARY BAPTIST CHURCH - 700 BENTON AVENUE - SACRAMENTO, CA 95838 | APPLIED FOR | 501C3 | 5,664. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ABS CBN FOUNDATION 2001 JUNIPERO SERRA BLVD SUITE 200 DALY CITY, CA 94014 | APPLIED FOR | 501C3 | 5,564. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| AMERICAN RED CROSS LOS ANGELES 11355 OHIO AVENUE LOS ANGELES, CA 90025 | APPLIED FOR | 501C3 | 5,561. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CATHOLIC CHARITIES DIOCESE OF FRESNO - 149 N FULTON STREET - FRESNO, CA 93701 | APPLIED FOR | 501C3 | 5,524. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CHP WEST LA EXPLORER POST 565 6300 BRISTOL PARKWAY CULVER CITY, CA 90230 | APPLIED FOR | 501C3 | 5,513. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET SACRAMENTO, CA 95820 | APPLIED FOR | 501C3 | 5,490. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| BLYTHE CANCER RESOURCE CENTER PO BOX 1266 BLYTHE, CA 92226 | APPLIED FOR | 501C3 | 5,465. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CENTER FOR FATHERS & FAMILIES 920 DEL PASO BOULEVARD SACRAMENTO, CA 95815 | APPLIED FOR | 501C3 | 5,463. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| SACRAMENTO COURT APPOINTED SPECIAL ADVOCATE PROGRAM (CASA), INC. - PO BOX 278383 - SACRAMENTO, CA 95827 | APPLIED FOR | 501C3 | 5,460. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GENESIS APOLOGETICS INC PO BOX 1326 FOLSOM, CA 95763 | APPLIED FOR | 501C3 | 5,450. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CARES COMMUNITY HEALTH 1500 21ST ST SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 5,439. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| CATHOLIC SOCIAL SERVICES OF SOLANO 125 CORPORATE PLACE, # A VALLEJO, CA 94590 | APPLIED FOR | 501C3 | 5,405. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| UNION GOSPEL MISSION PO BOX 1108 SACRAMENTO, CA 95812 | APPLIED FOR | 501C3 | 5,392. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK - 900 RED MILLS RD - WALLKILL, NY 12589 | APPLIED FOR | 501C3 | 5,279. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| NATURE CONSERVANCY 830 S STREET SACRAMENTO, CA 95811 | APPLIED FOR | 501C3 | 5,225. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| LIVING WATER CHURCH 9169 UNION PARK WAY ELK GROVE, CA 95624 | APPLIED FOR | 501C3 | 5,203. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| YOLO HOSPICE, INC. PO BOX 1014 DAVIS, CA 95617 | APPLIED FOR | 501C3 | 5,173. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| ALZHEIMERS AID SOCIETY OF NORTHERN CALIFORNIA - PO BOX 60095 - SACRAMENTO, CA 95860 | APPLIED FOR | 501C3 | 5,156. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ALZHEIMERS AND AGING RESEARCH CENTER - 11350 SW VILLAGE PARKWAY - PORT SAINT LUCIE, FL 34987 | APPLIED FOR | 501C3 | 5,117. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
| FOLSOM EDUCATIONAL ACADEMY 381 S LEXINGTON DR FOLSOM, CA 95630 | APPLIED FOR | 501C3 | 5,000. | 0. | | | FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION. |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL INCOME AND EXPENSE RECORDS ARE TRACKED AND CODE TO SPECIFIC FUNDING SOURCES IN THE GENERAL LEDGER SO THAT WE CAN COMPARE INCOME AND EXPENSE FOR EACH CONTRACT. EXPENSES ARE CODED BASED ON THE AGENCY BUDGET OF ALLOWABLE COSTS SUBMITTED TO EACH FUNDING AGENCY. ALL COSTS ARE REVIEWED AND APPROVED BY THE UW GRANT MANAGER AND THE FINANCE DEPARTMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | | (B) Breakdown 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 on prior Form 990 |
|-------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) STEPHANIE BRAY PRESIDENT/CEO | (i) | 206,300. | 0. | 0. | 10,315. | 32,519. | 249,134. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VARIETY OF CHARITABLE, NOT-FOR-PROFIT HEALTH AND WELFARE ORGANIZATIONS.

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

A COPY OF THE FORM 990 WILL BE PROVIDED TO THE CHAIR OF THE FINANCE
COMMITTEE PRIOR TO FILING.

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

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

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

THE PROCESS FOR DETERMINING COMPENSATION PAID TO THE CEO AND OTHER OFFICERS
IS HANDLED ON AN ANNUAL BASIS BY A SUB-COMMITTEE AND THEN TAKEN TO THE FULL
BOARD FOR APPROVAL.

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

FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND OTHER DOCUMENTS ARE
MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY OVER THE
FINANCIAL STATEMENT AUDIT AND THE PROCESS HAS NOT CHANGED FROM THE
PRIOR YEAR.

Name of the organization

UNITED WAY CALIFORNIA CAPITAL

Employer identification number

94-1225382

990 PAGE 1 SECTION B

THE 990 IS BEING AMENDED TO AGREE TO AUDITED FINANCIAL STATEMENTS.

ACCORDINGLY THE FORM 990 PAGE 3 CHECKLIST OF REQUIRED SCHEDULES, FORM

990 PAGE 12 PART XII, SCHEDULE D PAGE 4 RECONCILIATION OF REVENUE AND

EXPENSES WERE REVISED.

**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.

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

OMB No. 1545-0047

2019

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| SACRAMENTO FOUNDATION - 94-6138699 10389 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827-2506 | SUPPORT UNITED WAY | CALIFORNIA | 501(C)(3) | LINE 7 | NONE | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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 | |
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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 |
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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) SACRAMENTO FOUNDATION | C | 317,676. | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | | Yes | No | |
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Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.