

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY CALIFORNIA CAPITAL</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>10389 OLD PLACERVILLE ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>SACRAMENTO, CA 95827-2506</b> <b>F</b> Name and address of principal officer: <b>DR. DAWNTE EARLY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1225382</b> <b>E</b> Telephone number <b>916-368-3000</b> <b>G</b> Gross receipts \$ <b>25,554,851.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UWCCR.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1952</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE UNITED WAY CALIFORNIA CAPITAL REGION WAS ORGANIZED TO RAISE FUNDS FOR THE FINANCING OF A</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>50</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>450</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>12,015,559.</b>	<b>25,467,271.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,390.</b>	<b>10,853.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-247,278.</b>	<b>-312,704.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,771,671.</b>	<b>25,165,420.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>7,410,910.</b>	<b>11,779,636.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,733,228.</b>	<b>2,565,257.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,078,162.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,433,599.</b>	<b>1,094,294.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,577,737.</b>	<b>15,439,187.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-806,066.</b>	<b>9,726,233.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>7,887,482.</b>	<b>17,085,587.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>4,916,253.</b>	<b>4,388,125.</b>
<b>22</b>		<b>2,971,229.</b>	<b>12,697,462.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JOHN LOWE, CFO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA H. WILLIAMS</b>	Preparer's signature <b>AMANDA H. WILLIAMS</b>	Date <b>05/16/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01281212</b>
	Firm's name ▶ <b>GILBERT CPAS</b>	Firm's EIN ▶ <b>68-0037990</b>			
	Firm's address ▶ <b>2880 GATEWAY OAKS DR, STE 100</b> <b>SACRAMENTO, CA 95833</b>		Phone no. <b>916-646-6464</b>		

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

Part III Statement of Program Service Accomplishments

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

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 \$ 11,779,636. including grants of \$ 11,779,636. ) (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 \$ 1,715,536. 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 13,495,172.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 50		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 28		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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 **▶**  
**JOHN G. LOWE - 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) STEPHANIE BRAY PRESIDENT/CEO THROUGH APRIL 21	39.00 1.00			X				214,000.	0.	29,430.
(2) AMBER LOVETT INTERIM SECRETARY/PRESIDENT & CEO	39.00 1.00			X				97,850.	0.	14,930.
(3) JOHN LOWE CFO	39.00 1.00			X				45,000.	0.	12,060.
(4) STEVE LINS BOARD CHAIR	1.00	X		X				0.	0.	0.
(5) OYANGO SNELL VICE CHAIR	1.00	X		X				0.	0.	0.
(6) DAVID BOWEN TREASURER	1.00	X		X				0.	0.	0.
(7) DAVE CABLE IMMEDIATE PAST CHAIR	1.00 1.00	X		X				0.	0.	0.
(8) RUTH MILLER DIRECTOR	1.00	X						0.	0.	0.
(9) DAVID WILSON DIRECTOR	1.00	X						0.	0.	0.
(10) MARK ULLRICH DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID GREENLY DIRECTOR	1.00	X						0.	0.	0.
(12) KIM HEWITT DIRECTOR	1.00	X						0.	0.	0.
(13) JESSICA SELLNER DIRECTOR	1.00	X						0.	0.	0.
(14) CHEVELLE NEWSOME DIRECTOR	1.00	X						0.	0.	0.
(15) TODD HABETS DIRECTOR	1.00	X						0.	0.	0.
(16) CAROLYN MULLINS DIRECTOR	1.00	X						0.	0.	0.
(17) BRAD FREEBURG DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) RICHARD PAN DIRECTOR	1.00	X						0.	0.	0.
(19) JULIE QUINN DIRECTOR	1.00	X						0.	0.	0.
(20) RANDY ROJAS DIRECTOR	1.00	X						0.	0.	0.
(21) JOAQUIN RAZO DIRECTOR	1.00	X						0.	0.	0.
(22) FABRIZIO SASSO DIRECTOR	1.00	X						0.	0.	0.
(23) JEREMIAH SMITH DIRECTOR	1.00	X						0.	0.	0.
(24) VANESSA SHEARED DIRECTOR	1.00	X						0.	0.	0.
(25) MICHAEL SIMONDS DIRECTOR	1.00	X						0.	0.	0.
(26) BARBARA SWARTOS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								356,850.	0.	56,420.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								356,850.	0.	56,420.

**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 **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	11,516.				
	<b>d</b> Related organizations .....	<b>1d</b>	318,343.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,662,938.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,474,474.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			25,467,271.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		10,853.			10,853.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 11,516. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		76,727.				
			389,431.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-312,704.		-312,704.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			25,165,420.	0.	0.	-301,851.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,779,636.	11,779,636.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	502,627.	226,039.	74,938.	201,650.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,530,954.	978,962.	343,679.	208,313.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,226.	35,202.	11,734.	31,290.
<b>9</b> Other employee benefits	271,441.	121,991.	40,216.	109,234.
<b>10</b> Payroll taxes	182,009.	81,840.	27,097.	73,072.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	363,626.	52,606.	133,996.	177,024.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	250,002.	62,399.	84,198.	103,405.
<b>14</b> Information technology	65,038.	23,257.	15,826.	25,955.
<b>15</b> Royalties				
<b>16</b> Occupancy	112,485.	46,573.	26,276.	39,636.
<b>17</b> Travel	2,753.	581.	316.	1,856.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	20,855.	4,502.	9,863.	6,490.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	35,526.	4,715.	25,125.	5,686.
<b>23</b> Insurance	27,387.	6,002.	14,147.	7,238.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a DUES AND SUBSCRIPTIONS</b>	146,887.	49,941.	36,722.	60,224.
<b>b MISCELLANEOUS</b>	69,735.	20,926.	21,720.	27,089.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	15,439,187.	13,495,172.	865,853.	1,078,162.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,088,225.	<b>1</b>	1,250,844.
	<b>2</b> Savings and temporary cash investments .....	501,584.	<b>2</b>	10,012,473.
	<b>3</b> Pledges and grants receivable, net .....	4,327,692.	<b>3</b>	3,917,301.
	<b>4</b> Accounts receivable, net .....	59,274.	<b>4</b>	35,773.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	80,705.	<b>9</b>	84,674.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 779,136.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 702,244.	103,185.	<b>10c</b> 76,892.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,726,817.	<b>15</b>	1,707,630.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,887,482.	<b>16</b>	17,085,587.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,332,394.	<b>17</b>	4,388,125.
	<b>18</b> Grants payable .....	31,461.	<b>18</b>	0.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	552,398.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,916,253.	<b>26</b>	4,388,125.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	729,072.	<b>27</b>	10,359,069.
	<b>28</b> Net assets with donor restrictions .....	2,242,157.	<b>28</b>	2,338,393.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,971,229.	<b>32</b>	12,697,462.
<b>33</b> Total liabilities and net assets/fund balances .....	7,887,482.	<b>33</b>	17,085,587.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,165,420.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,439,187.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,726,233.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,971,229.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,697,462.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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	
<b>3a</b>	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>b</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	



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10,411,514.	10,215,414.	12,826,954.	12,015,559.	25,467,271.	70,936,712.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10,411,514.	10,215,414.	12,826,954.	12,015,559.	25,467,271.	70,936,712.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,755,798.
<b>6 Public support.</b> Subtract line 5 from line 4.						68,180,914.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	10,411,514.	10,215,414.	12,826,954.	12,015,559.	25,467,271.	70,936,712.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,902.	6,313.	952.	3,390.	10,853.	23,410.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						70,960,122.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	240,670.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	96.08 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.97 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



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

OMB No. 1545-0047

**2020**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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  <b>UNITED WAY CALIFORNIA CAPITAL</b>	Employer identification number  <b>94-1225382</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 552,398.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY CALIFORNIA CAPITAL</b>	Employer identification number  <b>94-1225382</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNITED WAY CALIFORNIA CAPITAL</b>	Employer identification number  <b>94-1225382</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2020

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 two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no 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.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		588,325.	511,433.	76,892.
<b>e</b> Other .....		190,811.	190,811.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				76,892.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) LEASEHOLD INTEREST IN PROPERTY	1,707,630.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,707,630.

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

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

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

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

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

**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 2017.



**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 YLS		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	29,000.	4,000.	55,243.	88,243.
	<b>2</b> Less: Contributions .....	250.	1,765.	9,501.	11,516.
	<b>3</b> Gross income (line 1 minus line 2) .....	28,750.	2,235.	45,742.	76,727.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	174,603.	143,364.	71,464.	389,431.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				389,431.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-312,704.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY INDEPENDENCE INITIATIVE PO BOX 71363 OAKLAND, CA 94612	02-0784790	501C3	3,112,124.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICA'S BEST CHARITIES 100 SMITH RANCH ROAD, SUITE 122 SAN RAFAEL, CA 94903	94-3067804	501C3	360,346.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ASIAN RESOURCES, INC. 6270 ELDER CREEK RD SACRAMENTO, CA 95824	94-2658135	501C3	200,584.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CALIFORNIA HIGHWAY PATROL 11-99 FOUNDATION - 3188 AIRWAY AVE, SUITE C - COSTA MESA, CA 92626	95-6530738	501C3	169,879.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CREATING HEALTHIER COMMUNITIES 1199 NORTH FAIRFAX STREET STE600 ALEXANDRIA, VA 22314	13-6167225	501C3	169,447.	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	95-2274801	501C3	121,998.	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 ▶ 135.

**3** Enter total number of other organizations listed in the line 1 table ▶ 2.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 BEST LOCAL CHARITIES 100 SMITH RANCH ROAD, SUITE 122 SAN RAFAEL, CA 94903	94-3042430	501C3	115,516.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY BAY AREA 550 KEARNY STREET #1000 SAN FRANCISCO, CA 94108	94-1312348	501C3	113,356.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501C3	112,890.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275	54-1517707	501C3	98,902.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SACRAMENTO LOAVES & FISHES PO BOX 13495 SACRAMENTO, CA 95813	68-0189897	501C3	91,321.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SPCA SACRAMENTO 6201 FLORIN-PERKINS ROAD SACRAMENTO, CA 95828	94-1312343	501C3	88,548.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
YOLO COUNTY CHILDRENS ALLIANCE 600 S STREET # Y DAVIS, CA 95616	68-0526185	501C3	81,662.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
COMPUTERS FOR KIDS 2455 WEST CAPITOL AVE. STE 106 WEST SACRAMENTO, CA 95691	94-1225382	501C3	77,000.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
COMMUNITY LINK CAPITAL REGION 8001 FOLSOM BLVD. #100 SACRAMENTO, CA 95826	94-1201196	501C3	72,644.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE CALIFORNIA 870 MARKET ST, #703 SAN FRANCISCO, CA 94102	94-2840364	501C3	69,675.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY FRESNO 4949 E KINGS CANYON ROAD FRESNO, CA 93727	94-1156514	501C3	63,843.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 3RD STREET - SACRAMENTO, CA 95817	94-3315566	501C3	61,471.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD. SAN DIEGO, CA 92123	95-2213995	501C3	54,065.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SHRINERS HOSPITAL FOR CHILDREN NORTHERN CALIFORNIA - 2425 STOCKTON BLVD - SACRAMENTO, CA 95817	36-2193608	501C3	53,514.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
WEAVE, INC. 1900 K STREET SACRAMENTO, CA 95811	94-2493158	501C3	52,107.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
HABITAT FOR HUMANITY GREATER SACRAMENTO - 819 NORTH 10TH STREET - SACRAMENTO, CA 95811	68-0085804	501C3	47,869.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SCHOLARSHARE 430 W 7TH STREET, SUITE 219185 KANSAS CITY, CA 94105		501C3	45,000.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ARROWHEAD UNITED WAY PO BOX 796 SAN BERNARDINO, CA 92402	95-1934586	501C3	44,230.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE PREVENTION CENTER 4700 ROSEVILLE ROAD, SUITE 102 NORTH HIGHLANDS, CA 95660	94-2833431	501C3	40,530.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE RD SACRAMENTO, CA 95820	94-1156588	501C3	38,468.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ROBLA SCHOOL DISTRICT 5248 ROSE STREET SACRAMENTO, CA 95838		GOVT	38,000.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF FRESNO AND MADERA COUNTIES - PO BOX 8036 - FRESNO, CA 93747	94-1156514	501C3	36,251.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
LA FAMILIA COUNSELING CENTER, INC. 5523 - 34TH STREET SACRAMENTO, CA 95820	94-2270786	501C3	35,379.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
NEIGHBOR TO NATION 1199 N FAIRFAX ST STE 600 ALEXANDRIA, VA 22314	54-1879282	501C3	33,313.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CAHP WIDOWS AND ORPHANS TRUST FUND PO BOX 161209 SACRAMENTO, CA 95816	94-2450780	501C3	33,273.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
MAKE-A-WISH NORTHEASTERN & CENTRAL 2800 CLUB CENTER DRIVE SACRAMENTO, CA 95835	68-0027351	501C3	33,106.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
INLAND EMPIRE UNITED WAY 9624 HERMOSA AVE. RANCHO CUCAMONGA, CA 91730	33-0502676	501C3	31,196.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOINONIA FAMILY SERVICES 5980 WEBB STREET LOOMIS, CA 95650	94-2792265	501C3	30,591.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CENTER OF PRAISE MINISTRIES 2150 CAPITOL AVE SACRAMENTO, CA 95816	68-0230211	501C3	30,184.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF SAN LUIS OBISPO COUNTY - PO BOX 14309 - SAN LUIS OBISPO, CA 93406	95-3459538	501C3	29,396.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF NORTHERN CALIFORNIA P.O. BOX 990248 REDDING, CA 96099	94-1251675	501C3	27,434.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD - SACRAMENTO, CA 95821	94-1322166	501C3	27,370.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY RIVERSIDE 1835 CHICAGO AVE., SUITE B RIVERSIDE, CA 92507	95-1742174	501C3	27,344.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ORANGE COUNTY UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614	33-0047994	501C3	27,005.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF SAN JOAQUIN COUNTY, INC. - PO BOX 1585 - STOCKTON, CA 95201	94-1279805	501C3	26,913.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CALIFORNIA TRANSPORTATION FOUNDATION - 9500 KIEFER BLVD. PO BOX 276828 - SACRAMENTO, CA 95827	68-0165257	501C3	26,398.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 KERN COUNTY, INC. 5405 STOCKDALE HWY SUITE 200 BAKERSFIELD, CA 93309	95-2274560	501C3	24,001.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ST JUDE CHILDREN'S RESEARCH HOSPITAL CALIFORNIA CHAPTER - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501C3	23,497.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
NEW MORNING YOUTH & FAMILY SERVICES - 6765 GREEN VALLEY ROAD - PLACERVILLE, CA 95667	94-2159659	501C3	22,883.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CNTR PKWY SANTA ROSA, CA 95695	94-1669646	501C3	21,650.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN CANCER SOCIETY CALIFORNIA 1545 RIVER PARK DRIVE, SUITE 100 SACRAMENTO, CA 95815	13-1788491	501C3	20,755.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
HAPPY TAILS PET SANCTUARY 6001 FOLSOM BOULEVARD SACRAMENTO, CA 95819	68-0317260	501C3	19,820.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
BAYSIDE COVENANT CHURCH 8211 SIERRA COLLEGE BLVD STE 440 ROSEVILLE, CA 95661	68-0358620	501C3	18,916.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SALVATION ARMY SAC METRO 3755 NORTH FREEWAY BLVD. SACRAMENTO, CA 95834	94-1156347	501C3	18,377.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CMC EMPLOYEE BENEFIT FUND HWY 1 N. SAN LUIS OBISPO, CA 93409	27-4801085	501C3	18,320.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	18,218.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF STANISLAUS COUNTY, INC. - PO BOX 3066 - MODESTO, CA 95353	94-1212129	501C3	18,073.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
STANFORD SETTLEMENT NEIGHBORHOOD CENTER - 450 WEST EL CAMINO AVENUE - SACRAMENTO, CA 95833	94-1550842	501C3	17,341.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SAINT JOHN'S PROGRAM FOR REAL CHANGE - 2443 FAIR OAKS BLVD #369 - SACRAMENTO, CA 95825	68-0132934	501C3	17,205.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501C3	16,521.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF THE INLAND VALLEYS 9624 HERMOSA AVENUE RANCHO CUCAMONGA, CA 91730	95-1742174	501C3	16,199.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
MY SISTER'S HOUSE 3053 FREEPORT BLVD., #120 SACRAMENTO, CA 95818	68-0464114	501C3	16,183.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	94-1322169	501C3	15,582.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN RED CROSS CAPITAL REGION CAPTER - 1565 EXPOSITION BOULEVARD - SACRAMENTO, CA 95815	94-1347021	501C3	14,500.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA BLACK CHAMBER OF COMMERCE FOUNDATION, INC. - 1600 SACRAMENTO INN WAY, SUITE #232 - SACRAMENTO, CA 95815	68-0416294	501C3	13,546.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
MUTUAL ASSISTANCE NETWORK 811 GRAND AVENUE #A3 SACRAMENTO, CA 95838	68-0332694	501C3	13,509.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
NEIGHBORHOOD INNOVATION PROJECT 5960 S. LAND PARK DR STE 411 SACRAMENTO, CA 95822	82-4456061	501C3	13,000.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FOOD LITERACY CENTER PO BOX 188706 SACRAMENTO, CA 95818	45-3973268	501C3	12,780.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD SACRAMENTO, CA 95826	68-0223271	501C3	12,654.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	94-1740316	501C3	12,579.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
INTERNATIONAL RESCUE COMMITTEE 2020 HURLEY WAY, SUITE 420 SACRAMENTO, CA 95825	13-5660870	501C3	12,131.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
WIND YOUTH SERVICES 815 S STREET SACRAMENTO, CA 95811	23-7348227	501C3	11,582.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
YUBA-SUTTER-COLUSA UNITED WAY P.O. BOX 122 MARYSVILLE, CA 95901	94-1668459	501C3	11,391.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH 3535 N EL DORADO ST STOCKTON, CA 95204	94-1167426	501C3	11,315.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
GREEN TECHNICAL EDUCATION AND EMPLOYMENT - 1026 FLORIN ROAD #152 - SACRAMENTO, CA 95831	27-0595012	501C3	11,292.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMADOR TUOLUMNE COMMUNITY ACTION AGENCY - 10590 HWY 88 - JACKSON, CA 95642	94-3136027	501C3	10,750.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
RIVER CITY FOOD BANK PO BOX 160204 SACRAMENTO, CA 95816	91-1851398	501C3	10,735.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501C3	10,545.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN RIVER PARKWAY FOUNDATION 5700 ARDEN WAY CARMICHAEL, CA 95608	94-2881344	501C3	10,482.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
BADGE OF BROTHERS PO BOX 601 LEMOORE, CA 93245	46-3091874	501C3	10,316.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO - 5212 LEMON HILL AVENUE - SACRAMENTO, CA 95824	68-0338324	501C3	10,075.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501C3	9,866.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POVERELLO HOUSE PO BOX 12225 FRESNO, CA 93777	77-0007985	501C3	9,569.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
PLACER COUNTY SPCA 200 TAHOE AVE ROSEVILLE, CA 95678	94-2607682	501C3	9,505.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
COLD SPRINGS CHURCH 2600 COLD SPRINGS ROAD PLACERVILLE, CA 95667	94-1710830	501C3	9,466.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF TULARE COUNTY 1601 E PROSPERITY AVE TULARE, CA 93274	94-6100424	501C3	9,438.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501C3	9,301.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMADOR-TUOLUMNE COMMUNITY RESOURCES - 935 SOUTH STATE HIGHWAY 49 - JACKSON, CA 95642	94-3136027	501C3	9,253.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ELK GROVE COMMUNITY FOOD BANK SERVICES - PO BOX 1447 - ELK GROVE, CA 95759	38-3664737	501C3	9,149.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
STANFORD SIERRA YOUTH & FAMILIES 8912 VOLUNTEER LANE SACRAMENTO, CA 95826	68-0065690	501C3	8,835.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
HOMEWARD BOUND GOLDEN RETRIEVER RESCUE & SANCTUARY, INC. - 7495 NATOMAS RD - ELVERTA, CA 95626	68-0442702	501C3	8,580.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 IMPERIAL COUNTY 2410 IMPERIAL BUSINESS PARK DR. IMPERIAL, CA 92251	95-3527016	501C3	8,378.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CENTRAL CALIFORNIA FOOD BANK 3403 EAST CENTRAL AVENUE FRESNO, CA 93725	77-0320851	501C3	8,298.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED WAY OF VENTURA COUNTY 702 COUNTY SQUARE DR., SUITE 100 VENTURA, CA 93003	95-1945833	501C3	8,230.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
ANIMAL RESCUE LEAGUE P.O. BOX 41143 SACRAMENTO, CA 95841	65-1195078	501C3	8,203.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FRIENDS OF FRONT STREET SHELTER PO BOX 22214 SACRAMENTO, CA 95822	68-0477042	501C3	8,139.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
MEALS ON WHEELS BY ACC 7375 PARK CITY DR SACRAMENTO, CA 95831	30-0610870	501C3	8,036.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	03-0520643	501C3	7,837.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SACRAMENTO LGBTQ COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811	94-2502229	501C3	7,799.	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	94-1559853	501C3	7,732.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMUD'S ENERGY HELP PO BOX 15830 SACRAMENTO, CA 95852		GOVT	7,676.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FIREFIGHTERS BURN INSTITUTE 3101 STOCKTON BLVD SACRAMENTO, CA 95820	23-7364927	501C3	7,490.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
NEXT MOVE SACRAMENTO 8001 FOLSOM BLVD SACRAMENTO, CA 95826	94-2172933	501C3	7,384.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SACRAMENTO LIFE CENTER, INC. 2316 BELL EXECUTIVE LANE SACRAMENTO, CA 95825	23-7182685	501C3	7,356.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501C3	7,256.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, SUITE 420 ROCKVILLE, MD 20850	11-3158401	501C3	7,246.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CA HIGHWAY PATROL EXPLORER PROGRAM 645 - 5902 KEARNY VILLA ROAD - SAN DIEGO, CA 92123	82-1662945	501C3	7,068.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
KVIE INC., CHANNEL 6 PUBLIC TELEVISION - 2030 WEST EL CAMINO AVENUE - SACRAMENTO, CA 95833	94-1421463	501C3	7,050.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
UNITED NEGRO COLLEGE FUND, INC., SAN FRANCISCO BAY AREA - 220 MONTGOMERY STREET, SUITE 1109 - SAN FRANCISCO, CA 94104	13-1624241	501C3	7,022.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF YOLO-SOLANO, INC - 125 CORPORATE PLACE #A - VALLEJO, CA 94590	46-5010936	501C3	7,012.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
VALLEY CHILDRENS HEALTHCARE FOUNDATION - 9300 VALLEY CHILDRENS PLACE, PC17 - MADERA, CA 93638	94-2797447	501C3	6,991.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
NEXT MOVE SACRAMENTO 8001 FOLSOM BLVD. SACRAMENTO, CA 95826	94-2172933	501C3	6,984.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
BAY AREA BLACK UNITED FUND 1212 BROADWAY, SUITE 500 OAKLAND, CA 94612	94-2602958	501C3	6,945.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
KINGS UNITED WAY 125 W 7TH ST HANFORD, CA 93230	94-6130925	501C3	6,832.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDREN'S PL MADERA, CA 93636	94-1294954	501C3	6,619.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
EL CAJON ASAMBLEAS DE DIOS P.O. BOX 295 EL CAJON, CA 92022	33-0478392	501C3	6,585.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
LEGAL SERVICES OF NORTHERN CALIFORNIA CALIFORNIA AND NORTHERN NEVADA - 517 12TH STREET - SACRAMENTO, CA 95814	94-1384659	501C3	6,573.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FRESNO RESCUE MISSION PO BOX 1422 FRESNO, CA 93716	94-1279785	501C3	6,426.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

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

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FOURTH AND HOPE PO BOX 1248 WOODLAND, CA 95776	68-0059409	501C3	6,377.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
YOLO WAYFARER CENTER CHRISTIAN MISSION FOURTH AND HOPE - P.O. BOX 1248 - WOODLAND, CA 95776	68-0059409	501C3	6,377.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
BBMJ YOUTH HEALTH SPORTS CAMP 8 KAM COURT SACRAMENTO, CA 95838	47-5207850	501C3	6,352.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
GENESIS APOLOGETICS INC PO BOX 1326 FOLSOM, CA 95763	47-1125984	501C3	6,300.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
LAW ENFORCEMENT CHAPLAINCY - SACRAMENTO - 2500 MARCONI AVE, . SUITE 110 - SACRAMENTO, CA 95821	94-2598748	501C3	6,200.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
GUIDE DOGS FOR THE BLIND PO BOX 151200 SAN RAFAEL, CA 94915	94-1196195	501C3	6,130.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING BOULEVARD SACRAMENTO, CA 95820	68-0322360	501C3	6,093.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
DISABLED AMERICAN VETERANS P.O. BOX 14301 CINCINNATI, OH 45250	52-1521276	501C3	6,064.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN NATIONAL RED CROSS OF YOLO COUNTY - 1565 EXPOSITION BOULEVARD #100 - SACRAMENTO, CA 95815	53-0196605	501C3	6,054.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

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FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DRIVE CAMERON PARK, CA 95682	68-0457594	501C3	5,963.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
YOLO FOOD BANK 233 HARTER AVE WOODLAND, CA 95776	23-7111782	501C3	5,944.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
WELLSPRING WOMEN'S CENTER PO BOX 5728 SACRAMENTO, CA 95817	91-1752615	501C3	5,860.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 4153 NORTHGATE BLVD, STE 6 - SACRAMENTO, CA 95834	13-5661935	501C3	5,789.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FAMILIES FOR EARLY AUTISM TREATMENT, INC - PO BOX 255722 - SACRAMENTO, CA 95865	68-0287252	501C3	5,612.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
COURT APPOINTED SPECIAL ADVOCATE PO BOX 278383 SACRAMENTO, CA 95827	68-0257139	501C3	5,537.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
SACRAMENTO COURT APPOINTED SPECIAL ADVOCATE PROGRAM (CASA), INC. - PO BOX 278383 - SACRAMENTO, CA 95827	68-0257139	501C3	5,537.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN CANCER SOCIETY INC 444 W OCEAN BLVD SUITE 950 LONG BEACH, CA 90802	13-1788491	501C3	5,469.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
HALLWOOD COMMUNITY CHURCH OF THE NAZARENE - 2825 STATE HWY 20 - MARYSVILLE, CA 95901	94-2862187	501C3	5,409.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION LOS ANGELES - 816 S FIGUEROA ST - LOS ANGELES, CA 90017	13-5613797	501C3	5,270.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN NATIONAL RED CROSS 600 PARCENTER DRIVE SANTA ANA, CA 92705	53-0196605	501C3	5,216.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
JUBILARE EVANGELISTIC MINISTRIES 1505 SPORTS DR SACRAMENTO, CA 95834	68-0032178	501C3	5,192.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
AMERICAN HEART ASSOCIATION SACRAMENTO - 2007 O ST - SACRAMENTO, CA 95811	13-5613797	501C3	5,177.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.
FILIPINO COMMUNITY OF SACRAMENTO PO BOX 582675 ELK GROVE, CA 95758	23-7339234	501C3	5,000.	0.			FOR THE OPERATION AND MAINTENANCE OF THIS ORGANIZATION.

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**2020**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 THROUGH APRIL 21	(i)	214,000.	0.	0.	10,700.	18,730.	243,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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

**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

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

Schedule R (Form 990) 2020



**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	318,343.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			



