

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER United Way of Greater Los Angeles - Yes on H (Nonprofit 501(c)(3))		Date of This Filing <u>2/24/2017</u>	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1391423	Report No. <u>22317A</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages <u>1</u>	

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/23/2017	California Community Foundation - Yes on H (Nonprofit 501(c)(3)) ID: 1391496	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee