

**HUTCHINSON AND BLOODGOOD LLP
579 AUTO CENTER DRIVE
WATSONVILLE, CA 95076
(831) 724-2441**

May 9, 2023

UNITED WAY OF MONTEREY COUNTY
232 MONTEREY STREET Suite 200
SALINAS, CA 93901

Dear Members of the Board:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your 2021 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail the California return on or before November 15, 2022 to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$800 payable by May 15, 2023. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2023 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

KIMBRA SAID, CPA

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

| | | |
|--|---|--|
| B Check if applicable: | C | D Employer identification number |
| <input type="checkbox"/> Address change | UNITED WAY OF MONTEREY COUNTY 232 MONTEREY STREET #200 SALINAS, CA 93901 | 94-1322169 |
| <input type="checkbox"/> Name change | | E Telephone number |
| <input type="checkbox"/> Initial return | | 831-372-8026 |
| <input type="checkbox"/> Final return/terminated | | G Gross receipts \$ 44,052,596. |
| <input type="checkbox"/> Amended return | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | F Name and address of principal officer: KATY CASTAGNA SAME AS C ABOVE | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ |
| J Website: ▶ WWW.UNITEDWAYMCCA.ORG | | L Year of formation: 1953 M State of legal domicile: CA |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |

Part I Summary

| | | | | | |
|---|--|----------------------------------|-------------|---------------------|--|
| | 1 Briefly describe the organization's mission or most significant activities: <u>TO ENGAGE THE COMMUNITY AND FOCUS RESOURCES TO IMPROVE LIVES IN MONTEREY COUNTY. IN AN EFFORT TO HELP PEOPLE BECOME FINANCIALLY STABLE, WE ARE INCREASING ACCESS TO QUALITY AFFORDABLE HOUSING AND CHILD CARE AND HELPING PEOPLE MANAGE THEIR MONEY.</u> | | | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | | 13 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 13 | |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | | 44 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | 533 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 915. | |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | | Current Year | |
| | 9 Program service revenue (Part VIII, line 2g) | 8,048,385. | 43,993,668. | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,397. | 6,101. | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 40,085. | 43,768. | | |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 587. | 8,872. | | |
| | | 8,095,454. | 44,052,409. | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,331,483. | 39,503,949. | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,520,203. | 1,721,353. | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 371,429. | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 950,756. | 1,270,913. | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,802,442. | 42,496,215. | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 293,012. | 1,556,194. | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | | End of Year | |
| | 21 Total liabilities (Part X, line 26) | 13,516,071. | 16,475,555. | | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 7,780,894. | 9,361,434. | | |
| | | 5,735,177. | 7,114,121. | | |

Part II Signature Block

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

| | | | |
|-------------------------------|---|---|---------------------------------|
| Sign Here | Signature of officer | Date | |
| | KATY CASTAGNA Type or print name and title | PRESIDENT & CEO | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | KIMBRA SAID, CPA | KIMBRA SAID, CPA | |
| | Firm's name ▶ HUTCHINSON AND BLOODGOOD LLP | Check <input type="checkbox"/> if self-employed | PTIN P01596055 |
| | Firm's address ▶ 579 AUTO CENTER DRIVE WATSONVILLE, CA 95076 | Firm's EIN ▶ 95-0858589 | Phone no. (831) 724-2441 |

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 [X]

1 Briefly describe the organization's mission:

TO ENGAGE THE COMMUNITY AND FOCUS RESOURCES TO IMPROVE LIVES IN MONTEREY COUNTY. IN AN EFFORT TO HELP PEOPLE BECOME FINANCIALLY STABLE, WE ARE INCREASING ACCESS TO QUALITY AFFORDABLE HOUSING AND CHILD CARE AND HELPING PEOPLE MANAGE THEIR MONEY.

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 \$ 38,767,764. including grants of \$ 38,110,930.) (Revenue \$)

RENT AND UTILITY ASSISTANCE: UWMC PROVIDES SOCIAL SERVICES IN THE COMMUNITY AS A LEAD PARTNER TO DISTRIBUTE GOVERNMENT FUNDING, DEVELOPING AND COORDINATING COUNTYWIDE PROGRAMS TO DISTRIBUTE RENT AND UTILITY ASSISTANCE FOR LOW INCOME TENANTS AFFECTED BY COVID-19. SUPPORTED 6,755 HOUSEHOLDS WITH OVER \$38M IN DIRECT PAYMENTS ADMINISTERED THROUGH 14 PARTNER ORGANIZATIONS. UWMC SCALED UP OPERATIONS TO ACCOMMODATE FEDERAL RELIEF GRANTS, A TEMPORARY EXPANSION EXPECTED TO LAST THROUGH 2023 AS PART OF THE COVID-19 PANDEMIC RESPONSE.

4b (Code:) (Expenses \$ 1,117,678. including grants of \$ 1,077,134.) (Revenue \$)

DISASTER RELIEF: IN AN EFFORT TO STEM THE SPREAD OF COVID-19, UWMC COLLABORATED WITH THE MONTEREY COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENTS TO MANAGE A STIPEND INCENTIVE PROGRAM FOR 1,070 COVID-19 POSITIVE AGRICULTURAL OR LOW INCOME WORKERS. PROGRAM PARTICIPANTS AGREED TO SELF ISOLATE FOR 10 DAYS WHILE RECOVERING FROM COVID-19. SUCCESSFUL COMPLETION OF THE PROGRAM QUALIFIED PARTICIPANTS FOR A STIPEND OF A \$1,000 DEBIT CARD.

4c (Code:) (Expenses \$ 703,359. including grants of \$ 148,250.) (Revenue \$)

EARLY CARE AND EDUCATION: UWMC CONTINUED COLLABORATING WITH COMMUNITY STAKEHOLDERS TO IMPROVE ACCESS TO QUALITY CHILD CARE. PROVIDED CAPACITY BUILDING PLAYGROUPS, TRAININGS, AND WORKSHOPS TO 71 INFORMAL CHILDCARE PROVIDERS. OUR PRESCHOOL SERVICE CORPS PROGRAM PLACED 10 AMERICORPS MEMBERS IN PRESCHOOLS TO SUPPORT LANGUAGE AND LITERACY DEVELOPMENT OF 122 PRESCHOOL CHILDREN. GRANTED \$67,000 TO THE COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY (INFORMAL CAREGIVER SUPPORT SYSTEM), STUFF THE BUS PROVIDED SCHOOL SUPPLIES TO STUDENTS EXPERIENCING HOMELESSNESS, GENERATING 4,500 BACKPACKS FILLED WITH SUPPLIES AND DISTRIBUTED BY SCHOOL DISTRICT HOMELESS LIAISONS COUNTYWIDE.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 1,072,206. including grants of \$ 167,635.) (Revenue \$ 6,101.)

4e Total program service expenses 41,661,007.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | X | |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

| | | Yes | No |
|------------|---|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| | 2a 44 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders. | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069. | 17 | |

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... X; b Each committee with authority to act on behalf of the governing body?... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done... SEE SCHEDULE O... X; 13 Did the organization have a written whistleblower policy?... X; 14 Did the organization have a written document retention and destruction policy?... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... X; b Other officers or key employees of the organization... X; If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... X; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
[X] Own website [] Another's website [X] 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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records KATY CASTAGNA 232 MONTEREY STREET, SUITE 200 SALINAS CA 93901 831-372-8026

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KATY CASTAGNA PRESIDENT & CEO | 40 0 | | | X | | | | 150,000. | 0. | 17,840. |
| (2) AMY STOKER VP FINANCE | 40 0 | | | X | | | | 66,780. | 0. | 12,207. |
| (3) BRIAN ERBELE VP FINANCE | 40 0 | | | X | | | | 33,845. | 0. | 507. |
| (4) SANDI EASON CHAIR | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (5) STEVE EMERSON TREASURER | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (6) DEBORAH SOBER SECRETARY | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (7) JACOB MARTINEZ VC INVESTMENTS | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (8) MONICA TOVAR VC DEVELOPMENT | 2 0 | X | | X | | | | 0. | 0. | 0. |
| (9) STEFAN LORCH BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (10) RENE L. MENDEZ BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (11) JUAN P. RODRIGUEZ BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (12) DEACON WARREN HOY BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (13) SAM CHAIDEZ BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (14) ANN KERN BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) WILLARD LEWALLEN BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (16) SHANNAN WATKINS BOARD MEMBER | 2 0 | X | | | | | | 0. | 0. | 0. |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Subtotal | | | | | | | | 250,625. | 0. | 30,554. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 250,625. | 0. | 30,554. |
| 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 |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> | | X |

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|---|--|--|---|--|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | | |
| | b Membership dues | 1 b | | | | | |
| | c Fundraising events | 1 c | | | | | |
| | d Related organizations | 1 d | | | | | |
| | e Government grants (contributions) | 1 e 40,579,452. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 3,414,216. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1 g 94,209. | | | | | |
| | h Total. Add lines 1a-1f | | 43,993,668. | | | | |
| Program Service Revenue | 2 a <u>ADMINISTRATIVE INCOME</u> | | Business Code 900099 | 6,101. | 6,101. | | |
| | b ----- | | | | | | |
| | c ----- | | | | | | |
| | d ----- | | | | | | |
| | e ----- | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 6,101. | | | |
| Miscellaneous Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 43,768. | | | 43,768. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6 a | (i) Real | 1,102. | | | |
| | | | (ii) Personal | | | | |
| | | | b Less: rental expenses | 6 b 187. | | | |
| | | | c Rental income or (loss) | 6 c 915. | | | |
| | d Net rental income or (loss) | | | 915. | | 915. | |
| | 7 a Gross amount from sales of assets other than inventory | 7 a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | b Less: cost or other basis and sales expenses | 7 b | | | |
| | | | c Gain or (loss) | 7 c | | | |
| | d Net gain or (loss) | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8 a | | | | | | |
| | | b Less: direct expenses | 8 b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9 a | | | | | | |
| | | b Less: direct expenses | 9 b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10 a | | | | | | |
| | | b Less: cost of goods sold. | 10 b | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11 a <u>MISCELLANEOUS</u> | | Business Code 900099 | 7,957. | | 7,957. | |
| | b ----- | | | | | | |
| | c ----- | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 7,957. | | | |
| 12 Total revenue. See instructions | | | 44,052,409. | 6,101. | 915. | 51,725. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 38,426,814. | 38,426,814. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,077,135. | 1,077,135. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 281,179. | 60,154. | 191,586. | 29,439. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 1,107,284. | 802,034. | 85,465. | 219,785. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 60,058. | 37,296. | 11,983. | 10,779. |
| 9 Other employee benefits | 162,924. | 101,164. | 32,514. | 29,246. |
| 10 Payroll taxes | 109,908. | 68,253. | 21,927. | 19,728. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 37,600. | 23,350. | 7,501. | 6,749. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 24,831. | 15,420. | 4,954. | 4,457. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 743,604. | 706,939. | 27,127. | 9,538. |
| 12 Advertising and promotion | 24,863. | 24,061. | 414. | 388. |
| 13 Office expenses | 81,033. | 55,659. | 16,291. | 9,083. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 109,511. | 68,223. | 23,757. | 17,531. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 66,125. | 37,003. | 27,264. | 1,858. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 13,556. | 13,556. | | |
| 23 Insurance | 9,354. | 7,708. | 548. | 1,098. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>PROGRAM AND CAMPAIGN MATERIALS</u> | 108,986. | 99,770. | 4,468. | 4,748. |
| b <u>DUES PAID TO UNITED WAY</u> | 38,285. | 23,774. | 7,639. | 6,872. |
| c <u>SPECIAL EVENTS</u> | 8,859. | 8,444. | 285. | 130. |
| d <u>MISCELLANEOUS</u> | 4,306. | 4,250. | 56. | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 42,496,215. | 41,661,007. | 463,779. | 371,429. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash – non-interest-bearing | 4,205,872. | 1 | 4,404,260. |
| | 2 Savings and temporary cash investments | 2,342,919. | 2 | 781,516. |
| | 3 Pledges and grants receivable, net | 5,727,123. | 3 | 3,966,864. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 82,484. | 9 | 32,738. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,372,866. | | |
| | b Less: accumulated depreciation | 10b 68,344. | 15,932. | 10c 6,304,522. |
| | 11 Investments – publicly traded securities | | 11 | |
| | 12 Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,141,741. | 15 | 985,655. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33). | 13,516,071. | 16 | 16,475,555. | |
| Liabilities | 17 Accounts payable and accrued expenses | 193,333. | 17 | 339,000. |
| | 18 Grants payable | 463,763. | 18 | 3,928,489. |
| | 19 Deferred revenue | 23,798. | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | 2,491,328. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 1,000,000. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 7,100,000. | 25 | 1,602,617. |
| | 26 Total liabilities. Add lines 17 through 25. | 7,780,894. | 26 | 9,361,434. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 4,964,608. | 27 | 6,257,209. |
| | 28 Net assets with donor restrictions | 770,569. | 28 | 856,912. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 5,735,177. | 32 | 7,114,121. |
| 33 Total liabilities and net assets/fund balances | 13,516,071. | 33 | 16,475,555. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 44,052,409. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 42,496,215. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,556,194. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5,735,177. |
| 5 | Net unrealized gains (losses) on investments | 5 | -177,250. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 7,114,121. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|--|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 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 | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|--|---|
| Name of the organization UNITED WAY OF MONTEREY COUNTY | Employer identification number 94-1322169 |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|------------|------------|------------|-----------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 2,128,053. | 3,186,176. | 3,602,462. | 8,048,385. | 43993668. | 60,958,744. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 2,128,053. | 3,186,176. | 3,602,462. | 8,048,385. | 43993668. | 60,958,744. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 1,410,895. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 59,547,849. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|-----------|--------------------------|
| 7 Amounts from line 4. | 2,128,053. | 3,186,176. | 3,602,462. | 8,048,385. | 43993668. | 60,958,744. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 31,208. | 57,819. | 92,705. | 40,085. | 43,768. | 265,585. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | 915. | 915. |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI | 3,006. | 2,277. | 4,234. | 587. | 7,957. | 18,061. |
| 11 Total support. Add lines 7 through 10. | | | | | | 61,243,305. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 56,677. |
| 13 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 . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). | 14 | 97.23 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14. | 15 | 80.35 % |

- 16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- b **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
- b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2021. 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—2020. 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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

| Section C – Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D – Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|---|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

| <u>NATURE AND SOURCE</u> | <u>2021</u> | <u>2020</u> | <u>2019</u> | <u>2018</u> | <u>2017</u> |
|--------------------------|------------------|----------------|------------------|------------------|------------------|
| OTHER INCOME | \$ 7,957. | \$ 587. | \$ 4,234. | \$ 2,277. | \$ 3,006. |
| TOTAL | <u>\$ 7,957.</u> | <u>\$ 587.</u> | <u>\$ 4,234.</u> | <u>\$ 2,277.</u> | <u>\$ 3,006.</u> |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), 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), 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).

**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

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2 a |
| b Total acreage restricted by conservation easements | 2 b |
| c Number of conservation easements on a certified historic structure included in (a) | 2 c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2 d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | 359,587. | 286,606. | 288,061. | 283,281. | 268,418. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -45,255. | 80,012. | 5,522. | 11,770. | 21,785. |
| d Grants or scholarships | 3,701. | 3,580. | 3,779. | 3,727. | 3,681. |
| e Other expenditures for facilities and programs | | | | 0. | |
| f Administrative expenses | 3,877. | 3,451. | 3,198. | 3,263. | 3,241. |
| g End of year balance | 306,754. | 359,587. | 286,606. | 288,061. | 283,281. |

- 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 65.11 %
 - c Term endowment 34.89 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

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 |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | 1,549,100. | | 1,549,100. |
| b Buildings | | 4,647,190. | | 4,647,190. |
| c Leasehold improvements | | | | |
| d Equipment | | 176,576. | 68,344. | 108,232. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,304,522.

Part VII Investments – Other Securities.

N/A

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) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | |

Part VIII Investments – Program Related.

N/A

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) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (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) BENEFICIAL INT IN ASSETS HELD BY OTHERS | 985,655. |
| (2) DEPOSIT | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | 985,655. |

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) DEPOSIT | 14,721. |
| (3) REFUNDABLE ADVANCE | 1,587,896. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 1,602,617. |

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. SEE PART XIII.

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 44,332,326. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains (losses) on investments | 2a | -177,250. |
| | b Donated services and use of facilities | 2b | 549,616. |
| | c Recoveries of prior year grants | 2c | |
| | d Other (Describe in Part XIII.) | 2d | |
| | e Add lines 2a through 2d | 2e | 372,366. |
| 3 | Subtract line 2e from line 1 | 3 | 43,959,960. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIII.) SEE PART XIII | 4b | 92,449. |
| | c Add lines 4a and 4b | 4c | 92,449. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 44,052,409. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 42,953,382. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2a | 549,616. |
| | b Prior year adjustments | 2b | |
| | c Other losses | 2c | |
| | d Other (Describe in Part XIII.) | 2d | |
| | e Add lines 2a through 2d | 2e | 549,616. |
| 3 | Subtract line 2e from line 1 | 3 | 42,403,766. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIII.) SEE PART XIII | 4b | 92,449. |
| | c Add lines 4a and 4b | 4c | 92,449. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 42,496,215. |

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO PROVIDE INCOME FOR THE GENERAL OPERATIONS OF UNITED WAY OF MONTEREY COUNTY.

PART X - FASB ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED UNITED WAY'S TAX POSITIONS AND CONCLUDED THEY TOOK NO UNCERTAIN TAX POSITIONS REQUIRING AN ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD.

Part XIII Supplemental Information (continued)**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

| | | |
|---|----|-----------------------|
| DONOR DESIGNATIONS TO OTHER ORGANIZATION..... | \$ | 92,635. |
| RENT EXPENSE..... | | <u>-186.</u> |
| TOTAL | \$ | <u><u>92,449.</u></u> |

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

| | | |
|---|----|-----------------------|
| DONOR DESIGNATIONS TO OTHER ORGANIZATION..... | \$ | 92,635. |
| RENT EXPENSE..... | | <u>-186.</u> |
| TOTAL | \$ | <u><u>92,449.</u></u> |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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. SEE PART IV

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) DETAILED SCHEDULE ATTACHED VARIOUS VARIOUS, CA 99999 | | | 38,348,337. | 0. | | | SEE ATTACHED |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- | | | | | | | |
| (5) ----- ----- ----- | | | | | | | |
| (6) ----- ----- ----- | | | | | | | |
| (7) ----- ----- ----- | | | | | | | |
| (8) ----- ----- ----- | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

USE OF GRANT FUNDS ARE MONITORED ON AN ON-GOING BASIS. GRANTEEES ARE REQUIRED TO PROVIDE UNITED WAY OF MONTEREY COUNTY WITH MID-YEAR AND YEAR-END REPORTS OF PROGRAM ACTIVITIES, WHICH ARE REVIEWED BY STAFF.

SCHEDULE I
(Form 990)
FYE 2022

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

United Way of Monterey County

94-1322169

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|---|--|--|---|
| Community Action Partnership of San Luis Obispo, Inc. 1030 Southwood Drive San Luis Obispo, CA 93401 | 95-2410253 | 501(C)(3) | \$ 5,000 | | | | Earned Income Tax Credit (Fed EITC)Outreach |
| First 5 Monterey County 1125 Baldwin Street Salinas, CA 93906 USA | 77-054291 | Commission | \$ 7,000 | | | | Bright Beginnings Early Childhood Development Initiative |
| Action Council of Monterey County 30 Soledad St Salinas, CA 93901 | 77-0357101 | 501(C)(3) | \$ 550,327 | | | | Capacity Building for Family, Friends and Neighbors caregivers network, Bright Futures early childhood development, Cal EITC outreach and Covid Relief/Emergency Rent & Utility Assistance. |
| Gathering for Women P.O. Box 601 Monterey, CA 93942 | 47-4275163 | 501(C)(3) | \$ 20,157 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Door to Hope 130 W. Gabilan Street Salinas, CA 93901 | 94-2240770 | 501(C)(3) | \$ 106,250 | | | | Capacity building for Family, Friends and Neighbors caregivers network. |
| North Monterey Co. Recreation 11261 Crane Street Castroville, CA 95012 | 77-021741 | North County Recreation & Park District | \$ 144,003 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Monterey Peninsula College Foundation 980 Fremont Street Monterey, CA 93940 | 77-0391075 | 501(C)(3) | \$ 494,863 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| City of Seaside 440 Harcourt Avenue Seaside, CA 93955 | 94-6022439 | City of Seaside | \$ 1,452,434 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Salvation Army Monterey Peninsula Corps 1491 Contra Costa St, Seaside, CA 93955 | 94-1156347 | 501(C)(3) | \$ 1,507,252 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| City of Greenfield 599 El Camino Real, Greenfield, CA 93927 | 94-6000343 | City of Greenfield | \$ 894,635 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| City of Gonzales 147 FOURTH ST GONZALES, CA 93926 | 94-6000341 | City of Gonzales | \$ 607,366 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| City of King 212 South Vanderhurst Avenue King City, CA 93930 | 94-6000352 | City of King City | \$ 1,069,630 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Housing Resource Center 60 W. Market Street Suite 130 Salinas, CA 93901 USA | 20-0125143 | 501(C)(3) | \$ 3,115,282 | | | | Covid Relief/Emergency Rent & Utility Assistance |

SCHEDULE I
(Form 990)
FYE 2022

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

United Way of Monterey County

94-1322169

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| City of Soledad 248 Main Street Soledad, CA 93960 | 94-6000432 | City of Soledad | \$ 972,838 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| City of Monterey 580 Pacific St, Monterey, CA 93940 | 94-6000376 | City of Monterey | \$ 946,288 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Central Coast Energy Services PO Box 2707 Watsonville, CA 95077 USA | 65-1190535 | 501(C)(3) | \$ 7,461,343 | | | | Covid Relief/Emergency Rent & Utility Assistance and Cal Am water bill assistance for income eligible customers |
| Hartnell College Foundation 411 Central Avenue Salinas, CA 93901 | 94-2781664 | 501(C)(3) | \$ 4,497,139 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| City of Salinas 200 Lincoln Ave. Salinas, CA 93901 | 94-6000412 | City of Salinas | \$ 11,625,818 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Goodwill Central Coast 1566 Moffett Street Salinas, California 93905 | 94-1254638 | 501(C)(3) | \$ 2,589,039 | | | | Covid Relief/Emergency Rent & Utility Assistance; Financial coaching and referrals; Covid Relief/deposits, child care and health care costs |
| Watsonville Law Center 315 Main Street, #207 Watsonville, California 95076 | 20-8157214 | 501(C)(3) | \$ 192,789 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Communities Organized for Relational Power in Action (COPA) 95 Alta Vista Avenue Watsonville, California 95076 | 77-0557460 | 501(C)(3) | \$ 40,000 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| California Rural Legal Assistance 1430 Franklin Street, Suite 103 Oakland, California 94612 | 95-2428657 | 501(C)(3) | \$ 34,725 | | | | Covid Relief/Emergency Rent & Utility Assistance |
| Food Bank for Monterey County 353 W Rossi Street Salinas, California 93907 | 77-0270228 | 501(C)(3) | \$ 7,388 | | | | Emergency Food |
| Boys and Girls Club of Monterey County PO Box 97 Seaside, California 93955 | 94-1702753 | 501(C)(3) | \$ 6,769 | | | | Youth Programs |
| | | | \$ 38,348,337.27 | | | | |

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF MONTEREY COUNTY

94-1322169

Part I Questions Regarding Compensation

1 a 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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? **4 a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4 c** Yes No
- 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? **5 a** Yes No
- b** Any related organization? **5 b** Yes No
- 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? **6 a** Yes No
- b** Any related organization? **6 b** Yes No
- 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. **7** Yes No

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. **8** Yes No

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

| | Yes | No |
|------------|-----|----|
| 1 a | | |
| 1 b | | |
| 2 | | |
| 3 | | |
| 4 a | | X |
| 4 b | | X |
| 4 c | | X |
| 5 a | | X |
| 5 b | | X |
| 6 a | | X |
| 6 b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 | | | | |
| KATY CASTAGNA 1 PRESIDENT & CEO | (i) | 150,000. | 0. | 0. | 0. | 17,840. | 167,840. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

| | |
|--|---|
| Name of the organization UNITED WAY OF MONTEREY COUNTY | Employer identification number 94-1322169 |
|--|---|

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|---|--|
| 1 Art – Works of art | | | | |
| 2 Art – Historical treasures | | | | |
| 3 Art – Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities – Publicly traded | | | | |
| 10 Securities – Closely held stock | | | | |
| 11 Securities – Partnership, LLC, or trust interests | | | | |
| 12 Securities – Miscellaneous | | | | |
| 13 Qualified conservation contribution – Historic structures | | | | |
| 14 Qualified conservation contribution – Other | | | | |
| 15 Real estate – Residential | | | | |
| 16 Real estate – Commercial | | | | |
| 17 Real estate – Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (FURNITURE) | | 1 | 87,300. | FMV |
| 26 Other ▶ (SUPPLIES) | | 37 | 6,909. | FMV |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | | Yes | No |
|---|-------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30 a | | X |
| b If 'Yes,' describe the arrangement in Part II. | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32 a | | X |
| b If 'Yes,' describe in Part II. | | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

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

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ASSET BUILDING: THE VOLUNTEER INCOME TAX ASSISTANCE SERVICE HELPED 1,161 PEOPLE FILE THEIR TAX RETURNS AND GENERATED \$2.2 MILLION IN REFUNDS THROUGH 35 VOLUNTEERS AND NINE SITES THROUGHOUT THE COUNTY; PROVIDED FINANCIAL LITERACY EDUCATION FOR 455 CALWORKS AND GENERAL ASSISTANCE CUSTOMERS TO BUILD SKILLS AND CREATE A PATH TO EMPLOYMENT. 54 FINANCIAL LITERACY WORKSHOPS PRESENTED TO 708 RESIDENTS BELOW THE POVERTY LEVEL.

OTHER: VARIOUS WAYS TO SUPPORT PHILANTHROPY AND COMMUNITY CONTRIBUTIONS. FACILITATION OF THE FEDERAL EMERGENCY FOOD AND SHELTER PROGRAM GRANTS, THE VOLUNTEER CENTER, ACCESSORY DWELLING UNIT (ADU) INITIATIVE AND GENERAL COMMUNITY SUPPORT. DONORS MAY CHOOSE TO DESIGNATE THEIR CONTRIBUTIONS THROUGH PAYROLL AND PAYOUTS ARE MADE QUARTERLY TO THE RECIPIENT NONPROFIT ORGANIZATION.

211 MONTEREY COUNTY: UWMC CONNECTS PEOPLE TO SERVICES BY PROVIDING REFERRALS TO HEALTH AND HUMAN SERVICES VIA PHONE, INTERNET, AND TEXT, WITH A LARGE INCREASE IN SERVICES IN RESPONSE TO COVID-19. SERVICES PROVIDED BY BILINGUAL CALL SPECIALISTS WITH INTERPRETATION AVAILABLE IN OVER 300 LANGUAGES 24 HOURS A DAY, SEVEN DAYS A WEEK. WE MADE 32,038 REFERRALS TO 26,251 CALLERS, RESPONDED TO 312 TEXT EXCHANGES, AND HAD 33,016 WEBSITE SEARCHES. SUPPORTED COVID-19 RELIEF EFFORTS SUCH AS VACCINATION APPOINTMENT SCHEDULING AND ENROLLMENT IN FOOD DELIVERY PROGRAMS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS FIRST REVIEWED BY THE V.P. FINANCE AND CEO. A DRAFT COPY IS THEN PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. ONCE THE FINANCE

COMMITTEE HAS REVIEWED AND COMMENTED THE FINALIZED VERSION OF THE 990 IS PRESENTED

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

TO THE BOARD OF DIRECTORS BY THE FINANCE COMMITTEE CHAIR. THE BOARD GIVES THE FINAL APPROVAL OF THE FORM 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL UNITED WAY MONTEREY COUNTY EMPLOYEES, VOLUNTEERS AND BOARD OF DIRECTORS ARE REQUIRED TO READ AND SIGN OUR CODE OF ETHICS POLICY WHICH REQUIRES THAT THEY DISCLOSE ANY KNOWN CONFLICTS, ISSUES, OR CONCERNS.

THE UNITED WAY OF MONTEREY COUNTY BOARD OF DIRECTORS REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY. STAFF AND VOLUNTEERS ARE REQUIRED TO ACKNOWLEDGE RECEIPT AND SIGN THE AGREEMENT WITH THE CONFLICT-OF-INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION FOR THE CEO AND VP FINANCE IS SET WITHIN INDUSTRY STANDARDS, GLEANED FROM COMPARABLE POSITIONS AS LISTED IN THE NORTHERN CALIFORNIA GUIDE TO NONPROFIT COMPENSATION AND THE UNITED WAY WORLDWIDE EXECUTIVE SALARY REPORT. IN FYE 22, UNITED WAY MONTEREY COUNTY ENGAGED AN OUTSIDE FIRM TO PERFORM A COMPENSATION STUDY TO EVALUATE SALARIES FOR ALL STAFF TO ENSURE WAGES FOR THE ORGANIZATION WERE COMPETITIVE AND APPROPRIATE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THOSE INTERESTED IN CAN ALSO CONTACT UNITED WAY OF MONTEREY COUNTY AT (831) 318-1979 TO REQUEST ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning 7/01, 2021, and ending 6/30, 2022

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

| | | | |
|--|----------------------|--|--|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | Print or Type | <p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>UNITED WAY OF MONTEREY COUNTY 232 MONTEREY STREET #200 SALINAS, CA 93901</p> | <p>D Employer identification number 94-1322169</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
| <p>C Book value of all assets at end of year. ▶ <u>16,475,555.</u></p> | | | |
| <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> | | | |
| <p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> | | | |
| <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ▶ <input type="checkbox"/></p> | | | |
| <p>J Enter the number of attached Schedules A (Form 990-T). ▶ <u>1</u></p> | | | |
| <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation ▶</p> | | | |
| <p>L The books are in care of ▶ <u>KATY CASTAGNA 232 MONTEREY STREET, SUITE 200 SALINAS</u> Telephone number ▶ <u>831-372-8026</u></p> | | | |

Part I Total Unrelated Business Taxable Income

| | | |
|---|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 1 | 915. |
| 2 Reserved. | 2 | |
| 3 Add lines 1 and 2. | 3 | 915. |
| 4 Charitable contributions (see instructions for limitation rules). | 4 | |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. | 5 | 915. |
| 6 Deduction for net operating loss. See instructions. | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5. | 7 | 915. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions). | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions. | 9 | |
| 10 Total deductions. Add lines 8 and 9. | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. | 11 | 0. |

Part II Tax Computation

| | | |
|--|---|----|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). ▶ | 1 | 0. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ | 2 | |
| 3 Proxy tax. See instructions. ▶ | 3 | |
| 4 Other tax amounts. See instructions. | 4 | |
| 5 Alternative minimum tax (trusts only). | 5 | |
| 6 Tax on noncompliant facility income. See instructions. | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. | 7 | 0. |

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

| | | | |
|---|-----------|--|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ... | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | 1e | | 0. |
| 2 Subtract line 1e from Part II, line 7 | 2 | | 0. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 0. |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | |
| 6a Payments: A 2020 overpayment credited to 2021 | 6a | | |
| b 2021 estimated tax payments. Check if section 643(g) election applies ... <input type="checkbox"/> | 6b | | |
| c Tax deposited with Form 8868 | 6c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e Backup withholding (see instructions) | 6e | | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ... | 6g | | |
| 7 Total payments. Add lines 6a through 6g | 7 | | 0. |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | |
| 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|---|-----------------------------------|----|
| 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> \$ 0. | | |
| 4 Enter available pre-2018 NOL carryovers here <input type="checkbox"/> \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| Business Activity Code | Available post-2017 NOL carryover | |
| ----- | \$ ----- | |
| ----- | \$ ----- | |
| ----- | \$ ----- | |
| ----- | \$ ----- | |
| 6a Did the organization change its method of accounting? (see instructions) | | X |
| b If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | |
|-------------------------------|--|----------------------|-----------|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | |
| | Signature of officer | Date | Title |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | KIMBRA SAID, CPA | KIMBRA SAID, CPA | |
| | Firm's name | Firm's EIN | PTIN |
| | HUTCHINSON AND BLOODGOOD LLP | 95-0858589 | P01596055 |
| Firm's address | Phone no. | | |
| 579 AUTO CENTER DRIVE | (831) 724-2441 | | |
| WATSONVILLE, CA 95076 | | | |

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|---|---|
| A Name of the organization UNITED WAY OF MONTEREY COUNTY | B Employer identification number 94-1322169 |
| C Unrelated business activity code (see instructions) ▶ 531190 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business ▶ RENTAL INCOME

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---------------|--|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c | Balance ▶ | | | |
| 2 | Cost of goods sold (Part III, line 8) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4 a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | |
| c | Capital loss deduction for trusts | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | | | |
| 6 | Rent income (Part IV) | | | |
| 7 | Unrelated debt-financed income (Part V) | 1,102. | 187. | 915. |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | |
| 10 | Exploited exempt activity income (Part VIII) | | | |
| 11 | Advertising income (Part IX) | | | |
| 12 | Other income (see instructions; attach statement) | | | |
| 13 | Total. Combine lines 3 through 12 | 1,102. | 187. | 915. |

| Part II | Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | | |
|----------------|--|------------|------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 | Salaries and wages | 2 | |
| 3 | Repairs and maintenance | 3 | |
| 4 | Bad debts | 4 | |
| 5 | Interest (attach statement). See instructions | 5 | |
| 6 | Taxes and licenses | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8 a | 8 b |
| 9 | Depletion | 9 | |
| 10 | Contributions to deferred compensation plans | 10 | |
| 11 | Employee benefit programs | 11 | |
| 12 | Excess exempt expenses (Part VIII) | 12 | |
| 13 | Excess readership costs (Part IX) | 13 | |
| 14 | Other deductions (attach statement) | 14 | |
| 15 | Total deductions. Add lines 1 through 14 | 15 | |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 915. |
| 17 | Deduction for net operating loss. See instructions | 17 | |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 915. |

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|---------|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). | ▶ _____ | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B). | ▶ _____ | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|--|---------|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A). | ▶ _____ | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B). | ▶ _____ | | | |
| 11 Total dividends-received deductions included in line 10 | ▶ _____ | | | |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| Nonexempt Controlled Organizations | | | | |
|------------------------------------|--|------------------------------------|---|--|
| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach statement) | 4 Set-asides (attach statement) | 5 Total deductions and set-asides (add columns 3 and 4) |
|-------------------------|--------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|---|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7. | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

BAA

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A _____

B _____

C _____

D _____

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|---|-------|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A)..... ▶ | _____ | | | |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B)..... ▶ | _____ | | | |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8. | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income..... | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero..... | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7..... | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13..... ▶ | _____ | | | |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| Total. Enter here and on Part II, line 1..... ▶ | | | |

Part XI Supplemental Information (see instructions)

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022.

Corporation/Organization name **UNITED WAY OF MONTEREY COUNTY** California corporation number **0193354**

Additional information. See instructions. FEIN **94-1322169**

Street address (suite or room) **232 MONTEREY STREET #200** PMB no.

City **SALINAS** State **CA** Zip code **93901**

Foreign country name Foreign province/state/county Foreign postal code

A First return. Yes No

B Amended return. Yes No

C IRC Section 4947(a)(1) trust. Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method:
 1 Cash 2 Accrual 3 Other

F Federal return filed? 1 990T 2 990-PF 3 Sch H (990) 4 Other 990 series

G Is this a group filing? See instructions. Yes No

H Is this organization in a group exemption? If "Yes," what is the parent's name? Yes No

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. Yes No \$

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

| | | | | |
|------------------------------|----|--|----|-------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 58,928. |
| | 2 | Gross dues and assessments from members and affiliates. | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. | 3 | 43,993,668. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. | 4 | 44,052,596. |
| | 5 | Cost of goods sold. | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 44,052,596. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 42,496,402. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 1,556,194. |
| Filing Fee | 11 | Total payments. | 11 | |
| | 12 | Use tax. See General Information K. | 12 | |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. | 13 | |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. | 14 | |
| | 15 | Penalties and interest. See General Information J. | 15 | |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result. | 16 | 0. |

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **PRESIDENT & CEO** Title Date Telephone **831-372-8026**

Paid Preparer's Use Only Preparer's signature **KIMBRA SAID, CPA** Date Check if self-employed PTIN **P01596055**

Firm's name (or yours, if self-employed) and address **HUTCHINSON AND BLOODGOOD LLP** Firm's FEIN **95-0858589**
579 AUTO CENTER DRIVE Telephone **(831) 724-2441**
WATSONVILLE, CA 95076

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

| | | | | | |
|------------------------------------|----|---|---|----|-------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | |
| | 2 | Interest | ● | 2 | 43,768. |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents | ● | 4 | 1,102. |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | ● | 7 | 14,058. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | | 8 | 58,928. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | ● | 9 | 39,503,949. |
| | 10 | Disbursements to or for members | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2 | ● | 11 | 281,179. |
| | 12 | Other salaries and wages | ● | 12 | 1,107,284. |
| | 13 | Interest | ● | 13 | |
| | 14 | Taxes | ● | 14 | 109,908. |
| | 15 | Rents | ● | 15 | 109,511. |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | 13,556. |
| | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 3 | ● | 17 | 1,371,015. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | | 18 | 42,496,402. |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|-------------|----------------------------|-------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 6,548,791. | | 5,185,776. |
| 2 | Net accounts receivable | | 5,727,123. | | 3,966,864. |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10 a | Depreciable assets | 186,089. | | 4,823,766. | |
| b | Less accumulated depreciation | 170,157. | 15,932. | 68,344. | 4,755,422. |
| 11 | Land | | | | 1,549,100. |
| 12 | Other assets. Attach schedule. STM 4 | | 1,224,225. | | 1,018,393. |
| 13 | Total assets | | 13,516,071. | | 16,475,555. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 193,333. | | 339,000. |
| 15 | Contributions, gifts, or grants payable | | 463,763. | | 3,928,489. |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | 3,491,328. |
| 18 | Other liabilities. Attach schedule. STM 5 | | 7,123,798. | | 1,602,617. |
| 19 | Capital stock or principal fund | | 5,735,177. | | 7,114,121. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 13,516,071. | | 16,475,555. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|---|---|------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 | Net income per books | ● | 1,378,944. |
| 2 | Federal income tax | ● | |
| 3 | Excess of capital losses over capital gains | ● | |
| 4 | Income not recorded on books this year. Attach schedule. | ● | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule. SEE ST 6 | ● | 549,615. |
| 6 | Total. Add line 1 through line 5. | | 1,928,559. |
| 7 | Income recorded on books this year not included in this return. Attach schedule. SEE ST 7 | ● | 279,730. |
| 8 | Deductions in this return not charged against book income this year. Attach schedule. SEE ST 8 | ● | 92,635. |
| 9 | Total. Add line 7 and line 8 | | 372,365. |
| 10 | Net income per return. Subtract line 9 from line 6. | | 1,556,194. |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2021

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

Table with 2 columns: Name of the organization (UNITED WAY OF MONTEREY COUNTY) and Employer identification number (94-1322169)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] 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), 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), 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).

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

| | | |
|------------------------------|-------|-------------------|
| MISCELLANEOUS..... | \$ | 7,957. |
| PROGRAM SERVICE REVENUE..... | | 6,101. |
| | TOTAL | <u>\$ 14,058.</u> |

**STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|----------------------------|----------------------------------|------------------------------|
| KATY CASTAGNA 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | PRESIDENT & CEO 40.00 | \$ 167,840. | \$ 0. | \$ 17,840. |
| BRIAN ERBELE 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | VP FINANCE 40.00 | 34,352. | 0. | 507. |
| SANDI EASON 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | CHAIR 2.00 | 0. | 0. | 0. |
| STEVE EMERSON 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | TREASURER 2.00 | 0. | 0. | 0. |
| DEBORAH SOBER 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | SECRETARY 2.00 | 0. | 0. | 0. |
| JACOB MARTINEZ 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | VC INVESTMENTS 2.00 | 0. | 0. | 0. |
| MONICA TOVAR 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | VC DEVELOPMENT 2.00 | 0. | 0. | 0. |
| STEFAN LORCH 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| RENE L. MENDEZ 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|----------------------------|----------------------------------|------------------------------|
| JUAN P. RODRIGUEZ 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | \$ 0. | \$ 0. | \$ 0. |
| DEACON WARREN HOY 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| SAM CHAIDEZ 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| ANN KERN 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| WILLARD LEWALLEN 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| SHANNAN WATKINS 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| AMY STOKER 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901 | VP FINANCE 40.00 | 78,987. | 0. | 12,207. |
| | | TOTAL \$ 281,179. | \$ 0. | \$ 30,554. |

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | |
|---|---------------------|
| ACCOUNTING FEES..... | \$ 37,600. |
| ADVERTISING AND PROMOTION..... | 24,863. |
| CONFERENCES, CONVENTIONS, AND MEETINGS..... | 66,125. |
| DUES PAID TO UNITED WAY..... | 38,285. |
| INSURANCE..... | 9,354. |
| INVESTMENT MANAGEMENT FEES..... | 24,831. |
| MISCELLANEOUS..... | 4,306. |
| OFFICE EXPENSES..... | 81,033. |
| OTHER EMPLOYEE BENEFIT..... | 162,924. |
| OTHER FEES..... | 743,604. |
| PENSION PLAN CONTRIBUTIONS..... | 60,058. |
| PROGRAM AND CAMPAIGN MATERIALS..... | 108,986. |
| RENTAL EXPENSES..... | 187. |
| SPECIAL EVENTS..... | 8,859. |
| | TOTAL \$ 1,371,015. |

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | |
|--|----------------------|
| BENEFICIAL INT IN ASSETS HELD BY OTHERS..... | 985,655. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 32,738. |
| TOTAL | <u>\$ 1,018,393.</u> |

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | |
|-------------------------|----------------------|
| DEPOSIT..... | 14,721. |
| REFUNDABLE ADVANCE..... | 1,587,896. |
| TOTAL | <u>\$ 1,602,617.</u> |

STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

| | |
|--------------|--------------------|
| IN-KIND..... | \$ 549,615. |
| TOTAL | <u>\$ 549,615.</u> |

STATEMENT 7
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

| | |
|-------------------------|--------------------|
| DONOR DESIGNATIONS..... | \$ -92,635. |
| IN-KIND..... | 549,615. |
| UNREALIZED LOSS..... | -177,250. |
| TOTAL | <u>\$ 279,730.</u> |

STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 8
DEDUCTIONS ON RETURN NOT ON BOOKS

| | |
|-------------------------|-------------------|
| DONOR DESIGNATIONS..... | \$ 92,635. |
| TOTAL | <u>\$ 92,635.</u> |

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022

Corporation/Organization name UNITED WAY OF MONTEREY COUNTY
California corporation number 0193354
FEIN 94-1322169
Street address (suite/room no.) 232 MONTEREY STREET #200
PMB no.

City (if the corporation has a foreign address, see instructions.) SALINAS
State CA
ZIP code 93901
Foreign country name
Foreign province/state/county
Foreign postal code

A First return filed? Yes No
B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
D Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
E Amended return? Yes No
F Accounting method used: (1) Cash (2) Accrual (3) Other
G Nature of trade or business RENTAL INCOME
H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
K Unrelated Business Activity (UBA) code 531190
L Is this a hospital? Yes No

Table with 11 columns: Line number, Description, and Amount. Rows include Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25).

| | | | |
|--|---|------|--|
| Refund or Amount Due | 26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 ● | 26 | |
| | a Fill in the account information to have the refund directly deposited. Routing number ● | 26 a | |
| | b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number ● | 26 c | |
| | 27 Penalties and interest. See General Information M. ● | 27 | |
| | 28 ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806. | | |
| 29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 ● | 29 | | |

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | |
|---|-----|------|
| 1 a Gross receipts or gross sales _____ b Less returns and allowances _____ c Balance ● | 1 c | |
| 2 Cost of goods sold and/or operations (Schedule A, line 7) ● | 2 | |
| 3 Gross profit. Subtract line 2 from line 1c ● | 3 | |
| 4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) ● | 4 a | |
| b Net gain (loss) from Part II, Schedule D-1 ● | 4 b | |
| c Capital loss deduction for trusts ● | 4 c | |
| 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule ● | 5 | |
| 6 Rental income (Schedule C) ● | 6 | |
| 7 Unrelated debt-financed income (Schedule D) ● | 7 | 915. |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) ● | 8 | |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) ● | 9 | |
| 10 Exploited exempt activity income (Schedule G) ● | 10 | |
| 11 Advertising income (Schedule H, Part III, Column A) ● | 11 | |
| 12 Other income. Attach schedule ● | 12 | |
| 13 Total unrelated trade or business income. Add line 3 through line 12. ● | 13 | 915. |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------|--------|
| 14 Compensation of officers, directors, and trustees from Schedule I ● | 14 | |
| 15 Salaries and wages ● | 15 | |
| 16 Repairs ● | 16 | |
| 17 Bad debts ● | 17 | |
| 18 Interest. Attach schedule ● | 18 | |
| 19 Taxes. Attach schedule ● | 19 | |
| 20 Contributions. See instructions and attach schedule ● | 20 | |
| 21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) ● | 21 a | |
| b Less: depreciation claimed on Schedule A. See instructions ● | 21 b | |
| 22 Depletion. Attach schedule ● | 22 | |
| 23 a Contributions to deferred compensation plans ● | 23 a | |
| b Employee benefit programs. See instructions ● | 23 b | |
| 24 Other deductions. Attach schedule ● | 24 | |
| 25 Total deductions. Add line 14 through line 24. ● | 25 | |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. ● | 26 | 915. |
| 27 Excess advertising costs (Schedule H, Part III, Column B) ● | 27 | |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26. ● | 28 | 915. |
| 29 Specific deduction. See instructions ● | 29 | 1,000. |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. ● | 30 | -85. |

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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 taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|--|------|---|
| Signature of officer | Title PRESIDENT & CEO | Date | Telephone 831-372-8026 |
| Preparer's signature KIMBRA SAID, CPA | Firm's name (or yours, if self-employed) and address HUTCHINSON AND BLOODGOOD LLP 579 AUTO CENTER DRIVE WATSONVILLE, CA 95076 | Date | PTIN P01596055 Firm's FEIN 95-0858589 Telephone (831) 724-2441 |

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

Table with 7 rows for Schedule A: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional IRC Section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? [] Yes [X] No

Schedule B Tax Credits.

Table with 4 rows for Schedule B: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 Total.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with 4 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California, and 1 Total sales, 2 Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with 4 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California, and 1 Property factor, 2 Payroll factor, 3 Sales factor, 4 Total percentage, 5 Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 3 columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property, and 4/5 Complete if any item in column 3 is more than 50% or 10%.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

Table with 6 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible. Includes entry for OFFICE BUILDING with gross income of 1,102 and net income of 915.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income. Total line shows 915.

Total. Enter here and on Side 2, Part I, line 7.

Enter gross income from members (dues, fees, charges, or similar amounts).

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns for Exempt Controlled Organizations (1-6) and 6 columns for Nonexempt Controlled Organizations (7-11). Includes summary rows 4, 5, and 6 for totals and adjustments.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible. Total line shows 915.

Total. Enter here and on Side 2, line 10.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

2021

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations – Corporations**

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

| | |
|---|---|
| Corporation name UNITED WAY OF MONTEREY COUNTY | California corporation number 0193354 |
| During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C corporation <input checked="" type="radio"/> <input type="checkbox"/> S corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation) | FEIN 94-1322169 |

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

| | | |
|---|---|------------|
| 1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number | 1 | 85. |
| 2 2021 disaster loss included in line 1. Enter as a positive number | 2 | |
| 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions | 3 | 85. |
| 4a Enter the amount of the loss incurred by a new business included in line 3 | 4a | |
| b Enter the amount of the loss incurred by an eligible small business included in line 3 ... | 4b | 85. |
| c Add line 4a and line 4b. | 4c | 85. |
| 5 General NOL. Subtract line 4c from line 3 | 5 | |
| 6 Current year NOL. Add line 2, line 4c, and line 5. See instructions | <input checked="" type="radio"/> 6 | 85. |

Part II NOL carryover and disaster loss carryover limitations. See instructions.

| | | |
|---|---------------------------------|--|
| 1 Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see instructions. | (g) Available balance | |
|---|---------------------------------|--|

Prior Year NOLs

| (a) Year of loss | (b) Code – See instructions | (c) Type of NOL – See below* | (d) Initial loss – See instructions | (e) Carryover from 2020 | (f) Amount used in 2021 | | (h) Carryover to 2022 col. (e) minus col. (f) |
|------------------------------------|--------------------------------|---------------------------------|--|----------------------------------|----------------------------|--|--|
| 2 <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

Current Year NOLs

| | | | | | | | col. (d) minus col. (f) See instructions. |
|---|------|-----|-----|--|--|--|--|
| 3 | 2021 | DIS | | | | | |
| 4 | 2021 | ESB | 85. | | | | 85. |
| | 2021 | | | | | | |
| | 2021 | | | | | | |
| | 2021 | | | | | | |

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction

| | | |
|--|---|-----------|
| 1 Total the amounts in Part II, line 2, column (f) | <input checked="" type="radio"/> 1 | 0. |
| 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- | 2 | 0. |
| 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 | <input checked="" type="radio"/> 3 | 0. |

STATEMENT 1
FORM 109, SCHEDULE D, LINE 3B
OTHER DEDUCTIONS

OFFICE BUILDING

TAXES..... \$ 35.

UTILITIES..... 152.

TOTAL \$ 187.



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|--|---|
| <p>UNITED WAY OF MONTEREY COUNTY Name of Organization</p> <p>List all DBAs and names the organization uses or has used 232 MONTEREY STREET #200 Address (Number and Street)</p> <p>SALINAS, CA 93901 City or Town, State, and ZIP Code</p> <p>831-372-8026 INFO@UNITEDWAYMCCA.ORG Telephone Number E-mail Address</p> | <p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>004750</u></p> <p>Corporation or Organization No. <u>0193354</u></p> <p>Federal Employer ID No. <u>94-1322169</u></p> |
|--|---|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$ (including noncash contributions) 44,052,409. **Noncash Contributions \$** 94,209. **Total Assets \$** 16,475,555.

Program Expenses \$ 41,661,007. **Total Expenses \$** 42,496,402.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | | |
|-------------------------------|----------------------|----------------------------|------|
| | KATY CASTAGNA | PRESIDENT & CEO | |
| Signature of Authorized Agent | Printed Name | Title | Date |

**STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

MONTEREY COUNTY PROBATION DEPARTMENT (CHILDREN'S COUNCIL)
20 EAST ALISAL STREET
SALINAS, CA 93901
831-755-3913

MONTEREY COUNTY BEHAVIORAL HEALTH (211)
1270 NATIVIDAD ROAD, ROOM 304
SALINAS, CA 93906
831-755-4703

MONTEREY COUNTY DEPARTMENT OF SOCIAL AND EMPLOYMENT SVS
(CALWORKS)
730 LA GUARDIA STREET, SALINAS, CA 93905
831-796-3330

INTERNAL REVENUE SERVICE (VITA)
401 WEST PEACHTREE STREET STOP 420-D
ATLANTA, GA 30308
470-639-2925

MONTEREY COUNTY DEPARTMENT OF SOCIAL SERVICES (211/ERAP)
1000 SOUTH MAIN STREET, SUITE 301
SALINAS, CA 93901
831-796-3584

CITY OF MONTEREY (211)
399 MADISON STREET
MONTEREY, CA 93940
831-646-3935

CITY OF SALINAS (211/ADU)
200 LINCOLN AVENUE
SALINAS, CA 93901
831-758-7381

CITY OF GONZALES (211)
147 FOURTH STREET
GONZALES, CA 93926
831-675-5000

CITY OF GREENFIELD (211)
599 EL CAMINO REAL
GREENFIELD, CA 93927
831-674-5591

CITY OF SOLEDAD (211)
248 MAIN STREET
SOLEDAD, CA 93960
831-223-5014

CITY OF CARMEL (211)
P.O. BOX CC
CARMEL-BY-THE-SEA, CA 93921
831-620-2000

CITY OF MARINA (211)
P.O. BOX CC
CARMEL-BY-THE-SEA, CA 93921
831-620-2000

STATEMENT 1 (CONTINUED)
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

CITY OF DEL REY OAKS (211)
1 PENDERGRASS WAY
SAND CITY, CA 93955

CITY OF PACIFIC GROVE (211/HOUSING)
300 FOREST AVENUE
PACIFIC GROVE, CA 93950
831-648-3100

CALIFORNIA VOLUNTEERS (PRESCHOOL CORPS)
1400 10TH STREET
SACRAMENTO, CA 95814
916-323-7646

EMERGENCY FOOD AND SHELTER PROGRAM
701 N. FAIRFAX STREET
ALEXANDRIA, VA 22314
703-706-9660

MONTEREY COUNTY COMMUNITY ACTION PARTNERSHIP (ADULT/PARENT EDUCATION WORKSHOPS)
1000 SOUTH MAIN STREET, SUITE 301
SALINAS, CA 93901
831-755-755-4484

MONTEREY COUNTY HEALTH DEPARTMENT
1270 NATIVIDAD ROAD
SALINAS, CA 93907
831-755-4586