

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

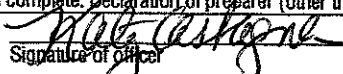
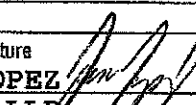
|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF MONTEREY COUNTY</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>60 GARDEN COURT, SUITE 350</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MONTEREY, CA 93940</b> | <b>D</b> Employer identification number<br><b>94-1322169</b><br><b>E</b> Telephone number<br><b>831-372-8026</b><br><b>G</b> Gross receipts \$ <b>3,082,579.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>J</b> Website: ▶ <b>WWW.UNITEDWAYMCCA.ORG</b>   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1953</b> <b>M</b> State of legal domicile: <b>CA</b>  |

**Part I Summary**

|  |   |                                  |                   |                     |                   |
|--|---|----------------------------------|-------------------|---------------------|-------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>TO ENGAGE THE COMMUNITY AND FOCUS RESOURCES TO IMPROVE LIVES IN MONTEREY COUNTY.</b> |                                  |                   |                     |                   |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                             |                                  |                   |                     |                   |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         |                   | <b>14</b>           |                   |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         |                   | <b>14</b>           |                   |
| <b>5</b>   | Total number of individuals employed in calendar year 2014 (Part V, line 2a)  | <b>5</b>                         |                   | <b>24</b>           |                   |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                         |                   | <b>700</b>          |                   |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        |                   | <b>0.</b>           |                   |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                        |                   | <b>0.</b>           |                   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>3,262,865.</b> | <b>Current Year</b> | <b>3,056,259.</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   |                                  | <b>5,080.</b>     |                     | <b>7,000.</b>     |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                                  | <b>8,115.</b>     |                     | <b>9,208.</b>     |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                  | <b>23,185.</b>    |                     | <b>654.</b>       |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                                  | <b>3,299,245.</b> |                     | <b>3,073,121.</b> |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                                  | <b>1,438,524.</b> |                     | <b>996,776.</b>   |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                                  | <b>0.</b>         |                     | <b>0.</b>         |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                                  | <b>1,163,611.</b> |                     | <b>1,184,302.</b> |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                                  | <b>0.</b>         |                     | <b>0.</b>         |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>284,186.</b>  |                                  |                   |                     |                   |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                                  | <b>675,346.</b>   |                     | <b>753,815.</b>   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                                  | <b>3,277,481.</b> |                     | <b>2,934,893.</b> |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 |   | <b>21,764.</b>                   |                   | <b>138,228.</b>     |                   |
| <b>Net Assets or Fund Balances</b>                             | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>2,505,878.</b> | <b>End of Year</b>  | <b>2,626,278.</b> |
|  | <b>21</b> Total liabilities (Part X, line 26)   |                                  | <b>465,738.</b>   |                     | <b>455,053.</b>   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  |                                  | <b>2,040,140.</b> |                     | <b>2,171,225.</b> |

**Part II Signature Block**

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

|                               |  |   |                         |  |
|-------------------------------|--|---|-------------------------|--|
| <b>Sign Here</b>              | <br>Signature of officer<br><b>KATY CASTAGNA, PRESIDENT &amp; CEO</b><br>Type or print name and title | Date  |                         |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JESSE LOPEZ</b>   | Preparer's signature<br><br><b>JESSE LOPEZ</b> | Date<br><b>10/21/15</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00312725</b> |
|                               | Firm's name ▶ <b>BIANCHI, KASAVAN &amp; POPE, LLE</b>  | Firm's EIN ▶ <b>94-1541507</b>  |                         |  |
|                               | Firm's address ▶ <b>450 LINCOLN AVENUE, SUITE 200<br/>SALINAS, CA 93901</b>  | Phone no. <b>831-757-5311</b>   |                         |  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENGAGE THE COMMUNITY AND FOCUS RESOURCES TO IMPROVE LIVES IN MONTEREY COUNTY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 996,776. including grants of \$ 996,776. ) (Revenue \$ ) UNITED WAY MONTEREY COUNTY (UWMC) FOCUSES ON THE BUILDING BLOCKS FOR A GOOD LIFE - EDUCATION, FINANCIAL STABILITY AND HEALTH. DURING THIS PERIOD, UWMC INVESTMENTS BENEFITED 1 IN 3 COUNTY RESIDENTS. SETTING IT APART FROM OTHER FUNDERS, UWMC PROVIDES OPERATIONAL SUPPORT TO SEVERAL PARTNER AGENCIES, FREEING UP FUNDING SO THOSE ORGANIZATIONS CAN INCREASE DIRECT SERVICES TO CLIENTS. UWMC FUNDING ALSO HELPED STRENGTHEN FAMILIES, MOVE PEOPLE FROM CRISIS TO STABILITY AND ENSURE PEOPLE'S BASIC NEEDS WERE MET. BY POOLING DONATIONS LARGE AND SMALL, UWMC MULTIPLIES THE IMPACT ON OUR COMMUNITY. UWMC IS UNDERGOING A TRANSITION TO A NEW MODEL OF FUNDING WITH A FOCUS ON COMMUNITYWIDE IMPACT.

4b (Code: ) (Expenses \$ 1,107,867. including grants of \$ ) (Revenue \$ 7,060. ) UWMC COLLABORATES WITH COMMUNITY PARTNERS - BUSINESS, GOVERNMENT, FAITH GROUPS - TO INCREASE FINANCIAL STABILITY, PROVIDE STUDENTS WITH THE SUPPORT TO SUCCEED IN SCHOOL, AND IMPROVE ACCESS TO PRESCRIPTION MEDICATION FOR ALL. THROUGH EARNIT!KEEPIT!\$AVEIT!, UWMC PROVIDES FREE TAX PREPARATION FOR LOW-WAGE WORKERS AND HELPS THEM CLAIM FULL REFUNDS AND ALL CREDITS FOR WHICH THEY ARE ELIGIBLE. OTHER INCOME SUPPORTS OFFERED ARE MANAGE YOUR MONEY WEEK AND CALWORKS VOLUNTEER PLACEMENT FOR JOB TRAINING. STAFF DISTRIBUTE FREE PRESCRIPTION DISCOUNT CARDS AND SPEARHEAD STUFF THE BUS CAMPAIGN SO THAT STUDENTS WHO ARE HOMELESS HAVE BETTER OUTCOMES IN SCHOOL. IN ADDITION, UWMC ADMINISTERS FEMA'S EMERGENCY FOOD AND SHELTER GRANTS, PUTTING EXTRA MONEY INTO THE POCKETS OF AGENCIES PROVIDING FRONTLINE RELIEF FOR THE HUNGRY AND HOMELESS.

4c (Code: ) (Expenses \$ 226,804. including grants of \$ ) (Revenue \$ ) 2-1-1 CONNECTS PEOPLE TO THE HELP THEY NEED IN THE AREAS OF HEALTH AND HUMAN SERVICES. IT'S FREE TO USER, AVAILABLE 24/7 IN MORE THAN 189 LANGUAGES BY TELEPHONE OR ONLINE AND CONFIDENTIAL. IN TIMES OF EARTHQUAKE, FIRE, PANDEMIC FLU OR OTHER CALAMITIES, 2-1-1 PROVIDES EMERGENCY COMMUNICATIONS AND HELPS EASE THE BURDEN ON 9-1-1. IN PARTNERSHIP WITH MONTEREY COUNTY OFFICE OF EMERGENCY SERVICES, UWMC IS REponsible FOR MANAGING THE EMERGENCY VOLUNTEER CENTER TO DEPLOY VOLUNTEERS IN TIMES OF EMERGENCY.

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

4e Total program service expenses 2,331,447.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> 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  |
| <b>23</b> 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   |    |
| <b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | <b>1a</b> 14   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 14   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BRIAN ERBELE - (831) 372-8026**  
**60 GARDEN CT, SUITE 350, MONTEREY, CA 93940**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) LEW BAUMAN<br>DIRECTOR                         | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (2) KENT HANSEN<br>PAST CHAIR                      | 2.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (3) SHARI HASTEY<br>DIRECTOR                       | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (4) CAROL KOLB<br>VICE CHAIR FINANCE               | 2.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5) TOBI MARCUS<br>VICE CHAIR RESOURCE DEVELOPMENT | 2.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (6) DENNIS MCCARTHY<br>VICE CHAIR COMMUNITY IMPACT | 2.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7) BARB MCGAUGHEY<br>DIRECTOR                     | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) LUANN MEADOR<br>DIRECTOR                       | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) TIM NYLEN<br>CHAIR                             | 2.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (10) IAN OGLESBY<br>DIRECTOR                       | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) SANDI EASON<br>DIRECTOR                       | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) BRETT HARRELL<br>DIRECTOR                     | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) DAVE MORA<br>DIRECTOR                         | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) JONATHAN PRICE<br>DIRECTOR                    | 2.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) MARY L. ADAMS<br>PRESIDENT & CEO              | 40.00   |   |                       | X       |              |                              | 143,227. | 0.   | 11,528.   |   |
| (16) SHARON ANN LAGANA<br>CFO                      | 40.00   |   |                       | X       |              |                              | 77,381.  | 0.   | 18,817.   |   |
| (17) KATY CASTAGNA<br>COO                          | 40.00   |   |                       | X       |              |                              | 82,804.  | 0.   | 15,208.   |   |





**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|--|--|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....   | <b>1a</b> 69,217.  |   |   |  |  |
|   | <b>b</b> Membership dues .....   | <b>1b</b>  |   |   |  |  |
|   | <b>c</b> Fundraising events .....  | <b>1c</b>  |   |   |  |  |
|   | <b>d</b> Related organizations .....   | <b>1d</b>  |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....   | <b>1e</b> 362,196.   |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b> 2,624,846.   |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....  | ▶ 3,056,259.   |   |   |  |  |
|   | <b>Program Service<br/>Revenue</b>   | <b>2 a</b> <b>ADMINISTRATIVE FEES</b> .....                    | <b>Business Code</b><br>900099                  | 7,000.                                  | 7,000.   |  |
| <b>b</b> .....  |  |  |   |   |  |  |
| <b>c</b> .....  |  |  |   |   |  |  |
| <b>d</b> .....  |  |  |   |   |  |  |
| <b>e</b> .....  |  |  |   |   |  |  |
| <b>f</b> All other program service revenue .....                              |  |  |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |  | ▶ 7,000.   |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   | ▶ 9,208.   |   |   | 9,208.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  | ▶  |   |   |  |  |
|   | <b>5</b> Royalties .....   | ▶  |   |   |  |  |
|   | <b>6 a</b> Gross rents .....   | (i) Real   |   |   |  |  |
|   |  | (ii) Personal  |   |   |  |  |
|   |  | <b>b</b> Less: rental expenses .....                           |   |   |  |  |
|   |  | <b>c</b> Rental income or (loss) .....                         |   |   |  |  |
|   | <b>d</b> Net rental income or (loss) .....   | ▶  |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   |   |   |  |  |
|   |  | (ii) Other   |   |   |  |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |   |   |  |  |
|   |  | <b>c</b> Gain or (loss) .....                                  |   |   |  |  |
|   | <b>d</b> Net gain or (loss) .....  | ▶  |   |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b> 10,052.   |   |   |  |  |
|   |  | <b>b</b> Less: direct expenses .....                           | <b>b</b> 9,458.                                 |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  | ▶ 594.   |   |   | 594.   |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>   |  |   |   |  |  |
|   | <b>b</b> Less: direct expenses .....   | <b>b</b>   |   |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....   | ▶  |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>   |  |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  | ▶  |   |   |  |  |
| Miscellaneous Revenue   |  | <b>Business Code</b>   |   |   |  |  |
| <b>11 a</b> <b>MISCELLANEOUS</b> .....  | <b>900099</b>  | 60.  | 60.   |   |  |  |
|   | <b>b</b> .....   |  |   |   |  |  |
|   | <b>c</b> .....   |  |   |   |  |  |
|   | <b>d</b> All other revenue .....   |  |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....  | ▶ 60.  |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. .....                              | ▶ 3,073,121.   | 7,060.   | 0.  | 9,802.                                  |  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 996,776.              | 996,776.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 322,795.              | 156,187.                        | 122,495.                               | 44,113.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 643,898.              | 448,343.                        | 80,836.                                | 114,719.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 33,010.               | 22,398.                         | 5,015.                                 | 5,597.                      |
| <b>9</b> Other employee benefits   | 103,001.              | 64,680.                         | 21,350.                                | 16,971.                     |
| <b>10</b> Payroll taxes  | 81,598.               | 51,171.                         | 17,006.                                | 13,421.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | 50,032.               | 21,617.                         | 10,809.                                | 17,606.                     |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion  | 15,495.               | 13,611.                         | 449.                                   | 1,435.                      |
| <b>13</b> Office expenses  | 12,698.               | 8,352.                          | 3,401.                                 | 945.                        |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 83,000.               | 39,754.                         | 22,149.                                | 21,097.                     |
| <b>17</b> Travel   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 39,365.               | 32,968.                         | 2,866.                                 | 3,531.                      |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 4,910.                | 2,651.                          | 1,326.                                 | 933.                        |
| <b>23</b> Insurance  | 13,963.               | 8,387.                          | 3,171.                                 | 2,405.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> PROFESSIONAL CONTRACT S   | 333,140.              | 329,213.                        | 2,062.                                 | 1,865.                      |
| <b>b</b> INFORMATION TECHNOLOGY/   | 52,083.               | 33,013.                         | 9,127.                                 | 9,943.                      |
| <b>c</b> SUPPLIES - CAMPAIGN   | 42,667.               | 41,487.                         | 77.                                    | 1,103.                      |
| <b>d</b> DUES PAID TO UNITED WAY   | 25,969.               | 13,970.                         | 6,985.                                 | 5,014.                      |
| <b>e</b> All other expenses  | 80,493.               | 46,869.                         | 10,136.                                | 23,488.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 2,934,893.            | 2,331,447.                      | 319,260.                               | 284,186.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)                 |            | (B)               |
|---|--|---------------------|------------|-------------------|
|   |  | Beginning of year   |            | End of year       |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 698,586.            | <b>1</b>   | 887,117.          |
|   | <b>2</b> Savings and temporary cash investments .....  | 637,216.            | <b>2</b>   | 637,407.          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 731,427.            | <b>3</b>   | 697,689.          |
|   | <b>4</b> Accounts receivable, net .....  | 132,626.            | <b>4</b>   | 94,304.           |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                     | <b>5</b>   |                   |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                     | <b>6</b>   |                   |
|   | <b>7</b> Notes and loans receivable, net .....   |                     | <b>7</b>   |                   |
|   | <b>8</b> Inventories for sale or use .....   |                     | <b>8</b>   |                   |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 23,567.             | <b>9</b>   | 26,465.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 137,122. |            |                   |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 135,252. | 6,780.     | <b>10c</b> 1,870. |
|   | <b>11</b> Investments - publicly traded securities .....   |                     | <b>11</b>  |                   |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                     | <b>12</b>  |                   |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                     | <b>13</b>  |                   |
|   | <b>14</b> Intangible assets .....  |                     | <b>14</b>  |                   |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 275,676.            | <b>15</b>  | 281,426.          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 2,505,878.   | <b>16</b>           | 2,626,278. |                   |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 118,566.            | <b>17</b>  | 126,263.          |
|   | <b>18</b> Grants payable .....   | 296,446.            | <b>18</b>  | 280,811.          |
|   | <b>19</b> Deferred revenue .....   |                     | <b>19</b>  |                   |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                     | <b>20</b>  |                   |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                     | <b>21</b>  |                   |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                     | <b>22</b>  |                   |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                     | <b>23</b>  |                   |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                     | <b>24</b>  |                   |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 50,726.             | <b>25</b>  | 47,979.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 465,738.            | <b>26</b>  | 455,053.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                     |            |                   |
|   | <b>27</b> Unrestricted net assets .....  | 1,564,623.          | <b>27</b>  | 1,876,901.        |
|   | <b>28</b> Temporarily restricted net assets .....  | 275,784.            | <b>28</b>  | 94,591.           |
|   | <b>29</b> Permanently restricted net assets .....  | 199,733.            | <b>29</b>  | 199,733.          |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                     |            |                   |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                     | <b>30</b>  |                   |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                     | <b>31</b>  |                   |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                     | <b>32</b>  |                   |
| <b>33</b> Total net assets or fund balances .....                         | 2,040,140.   | <b>33</b>           | 2,171,225. |                   |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 2,505,878.   | <b>34</b>           | 2,626,278. |                   |

**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  | 3,073,121. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,934,893. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 138,228.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 2,040,140. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -7,143.    |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,171,225. |

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



**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) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 3,552,771. | 3,187,067. | 3,519,116. | 2,963,865. | 2,694,063. | 15,916,882. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 3,552,771. | 3,187,067. | 3,519,116. | 2,963,865. | 2,694,063. | 15,916,882. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            | 1,419,347.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 14,497,535. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 3,552,771. | 3,187,067. | 3,519,116. | 2,963,865. | 2,694,063. | 15,916,882.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 9,946.     | 6,561.     | 10,013.    | 8,172.     | 9,208.     | 43,900.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 235,933.   | 29,787.    | 5,342.     | 5,080.     | 7,000.     | 283,142.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 16,243,924.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

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

|   |                                       |         |
|---|---------------------------------------|---------|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                             | 89.25 % |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....  | <b>15</b>                             | 96.66 % |
| <b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | ▶ <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | ▶ <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | ▶ <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | ▶ <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | ▶ <input type="checkbox"/>            |         |

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

(Complete only if you checked the box on line 9 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

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

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

**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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |  | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1                                | Net short-term capital gain  | 1              |                             |
| 2                                | Recoveries of prior-year distributions   | 2              |                             |
| 3                                | Other gross income (see instructions)  | 3              |                             |
| 4                                | Add lines 1 through 3  | 4              |                             |
| 5                                | Depreciation and depletion   | 5              |                             |
| 6                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                | Other expenses (see instructions)  | 7              |                             |
| 8                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |
| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year (optional) |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| a                                | Average monthly value of securities  | 1a             |                             |
| b                                | Average monthly cash balances  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                             |
| 3                                | Subtract line 2 from line 1d   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                             |
| 6                                | Multiply line 5 by .035  | 6              |                             |
| 7                                | Recoveries of prior-year distributions   | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| Section C - Distributable Amount |  |                | Current Year                |
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |                             |
| 2                                | Enter 85% of line 1  | 2              |                             |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3              |                             |
| 4                                | Enter greater of line 2 or line 3  | 4              |                             |
| 5                                | Income tax imposed in prior year   | 5              |                             |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                             |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).                                |                |                             |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2014 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2014:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b>   |                             |  |   |
| <b>e</b> From 2013   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2014 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2009 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2014 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2014 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| <b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b> Excess from 2013  |                             |  |   |
| <b>e</b> Excess from 2014  |                             |  |   |



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2014**

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF MONTEREY COUNTY</b> | Employer identification number<br><b>94-1322169</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | PEBBLE BEACH COMPANY<br>P.O. BOX 658<br>PEBBLE BEACH, CA 93953                                   | \$ 318,091.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | MONTEREY PENINSULA FOUNDATION<br>1 LOWER RAGSDALE DRIVE, BLDG 3, SUITE 100<br>MONTEREY, CA 93940 | \$ 178,377.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | MONTEREY COUNTY DEPARTMENT OF SOCIAL SERVICES<br>730 LA GUARDIA STREET<br>SALINAS, CA 93905      | \$ 128,141.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | COMMUNITY HEALTHCARE CORPORATION FUND<br>2354 GARDEN ROAD<br>MONTEREY, CA 93940                  | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | PACKARD FOUNDATION<br>343 SECOND STREET<br>LOS ALTOS, CA 94022                                   | \$ 70,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>UNITED WAY OF MONTEREY COUNTY</b> | Employer identification number<br><br><b>94-1322169</b> |
|--|---|

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

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

|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF MONTEREY COUNTY</b> | Employer identification number<br><b>94-1322169</b> |
|--|---|

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization UNITED WAY 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" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several yes/no questions regarding monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 254,846.         | 246,850.       | 244,120.           | 249,181.             | 237,262.            |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 615.             | 13,214.        | 8,190.             | 445.                 | 18,201.             |
| d Grants or scholarships                         | 3,715.           | 3,842.         | 3,799.             | 3,528.               | 3,856.              |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 1,438.           | 1,376.         | 1,661.             | 1,978.               | 2,426.              |
| g End of year balance                            | 250,308.         | 254,846.       | 246,850.           | 244,120.             | 249,181.            |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  20.00 %
- b Permanent endowment  80.00 %
- c Temporarily restricted endowment  %

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

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

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | X   |    |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 137,122.                        | 135,252.                     | 1,870.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 1,870.         |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) SECURITY DEPOSIT  | 4,709.         |
| (2) INVESTMENTS HELD AT THE COMMUNITY FOUNDATION                            | 276,717.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 281,426.       |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) PAYROLL RELATED LIABILITIES   | 47,979.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 47,979.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 3,519,210. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -7,143.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 1,021,174. |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 1,014,031. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 2,505,179. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 567,942.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 567,942.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 3,073,121. |

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

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

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 3,388,126. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 1,021,174. |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 9,459.     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 1,030,633. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 2,357,493. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 577,400.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 577,400.   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 2,934,893. |

**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:**

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

**PART X, LINE 2:**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

GIFTS DESIGNATED BY DONORS TO OTHER ORGANIZATIONS 577,400.

**Part XIII** Supplemental Information (continued)

EVENT EXPENSES -9,458.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 567,942.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

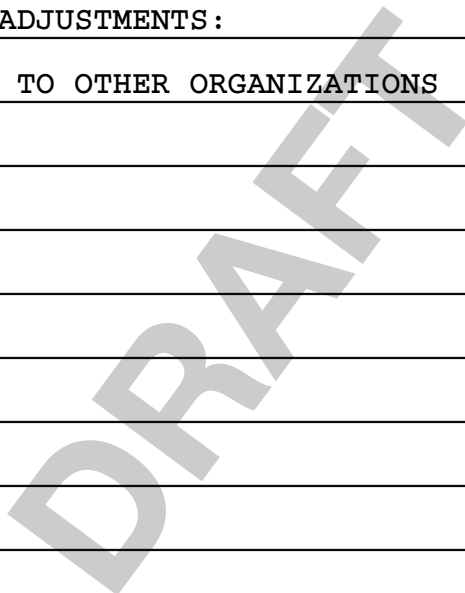
ROUNDING 1.

EVENT EXPENSES 9,458.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 9,459.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GIFTS DESIGNATED BY DONORS TO OTHER ORGANIZATIONS 577,400.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

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.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ALLIANCE ON AGING<br>247 MAIN ST<br>SALINAS, CA 93901   | 94-1747036 | 501(C)(3)                     | 18,913.                  | 0.                                |   |  | PREVENTION AND EARLY INTERVENTION PROGRAMS TO INCREASE PERSONAL SAFETY AND DIMINISH THE   |
| BOYS & GIRLS CLUB<br>1332 LA SALLE AVENUE<br>SEASIDE, CA 93955                                    | 94-1702753 | 501(C)(3)                     | 14,875.                  | 0.                                |   |  | INTERSESSION PROGRAM PROVIDING FUN, EDUCATIONAL ACTIVITIES FOR YOUTH DURING EXTENDED      |
| BOY SCOUTS SILICON VALLEY,<br>MONTEREY BAY COUNCIL - 970 W.<br>JULIAN STREET - SAN JOSE, CA 95126 | 23-7054309 | 501(C)(3)                     | 4,548.                   | 0.                                |   |  | TO ASSIST PARENTS AND CHILDREN IN ENGAGING IN ACTIVITIES THAT FACILITATE FAMILY AND       |
| VOICES FOR CHILDREN<br>945 SOUTH MAIN STREET, SUITE 107<br>SALINAS, CA 93901                      | 77-0398079 | 501(C)(3)                     | 13,492.                  | 0.                                |   |  | PROVIDE ABUSED AND NEGLECTED CHILDREN WITH CARING, RESPONSIBLE ADULTS, WHO ARE TRAINED    |
| CATHOLIC CHARITIES<br>922 HILBY AVE, SUITE C<br>SEASIDE, CA 93955                                 | 77-0042961 | 501(C)(3)                     | 8,095.                   | 0.                                |   |  | CLINICAL COUNSELING PROGRAM INCREASE IN MENTAL HEALTH COUNSELING DIRECTED TO LOW-ECONOMIC |
| CENTRAL COAST HIV/AIDS<br>780 HAMILTON AVENUE<br>SEASIDE, CA 93955                                | 77-0192226 | 501(C)(3)                     | 7,868.                   | 0.                                |   |  | TO PROVIDE HOUSING, EDUCATIONAL AND EMOTIONAL SUPPORT SERVICES TO INDIVIDUALS LIVING WITH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**

3 Enter total number of other organizations listed in the line 1 table **359.**

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTRAL COAST FOR INDEPENDENT LIVING - 318 CAYUGA STREET, SUITE 208 - SALINAS, CA 93901 | 77-0055747 | 501(C)(3)                     | 12,623.                  | 0.                                |   |  | TO ENABLE CCCIL'S INDEPENDENT LIVING PROGRAM TO MEET UWMC PRIORITY AREA OF                    |
| COMMUNITY PARTNERSHIP FOR YOUTH 800 PORTOLA, SUITE D DEL REY OAKS, CA 93940             | 77-0310237 | 501(C)(3)                     | 15,741.                  | 0.                                |   |  | TO ASSIST CHILDREN IN DEVELOPING SELF-ESTEEM AND CONFIDENCE THROUGH INVOLVEMENT IN LEADERSHIP |
| COMMUNITY HUMAN SERVICES 2560 GARDEN RD, SUITE 201B MONTEREY, CA 93942                  | 94-6367167 | 501(C)(3)                     | 20,238.                  | 0.                                |   |  | TO SUPPORT A VARIETY OF BEHAVIORAL HEALTH SERVICES INTENDED TO INCREASE THE                   |
| DOOR TO HOPE 130 WEST GABILAN STREET SALINAS, CA 93901                                  | 94-2240770 | 501(C)(3)                     | 9,053.                   | 0.                                |   |  | TO BE USED TO MEET THE REQUIRED LOCAL MATCHING FUNDS TO SECURE FEDERAL FUNDS NECESSARY TO     |
| FOOD BANK FOR MONTEREY COUNTY 815 W MARKET ST #5 SALINAS, CA 93901                      | 77-0270228 | 501(C)(3)                     | 13,042.                  | 0.                                |   |  | TO SUPPORT THE FOOD BANK'S EMERGENCY FOOD ASSISTANCE PROGRAMS. SPECIFICALLY, FUNDS WOULD      |
| FOSTER GRANDPARENT PROGRAM 234 SANTA CRUZ AVE APTOS, CA 95003                           | 94-2662950 | 501(C)(3)                     | 4,548.                   | 0.                                |   |  | TO SUPPORT THE FOSTER GRANDPARENT PROGRAM'S (FGP) EFFORT TO RECRUIT, TRAIN AND COORDINATE     |
| FRANCISCAN WORKERS/DOROTHY'S PLACE P.O. BOX 2027 SALINAS, CA 93902-2027                 | 77-0081240 | 501(C)(3)                     | 15,741.                  | 0.                                |   |  | TO PROVIDE HOMELESS SINGLE WOMEN WITH EMERGENCY, SAFE, OVERNIGHT SHELTER, FOOD,               |
| GATEWAY CENTER 850 CONGRESS AVE PACIFIC GROVE, CA 93950                                 | 94-2660677 | 501(C)(3)                     | 14,833.                  | 0.                                |   |  | TO PROVIDE RESIDENTIAL CARE DEVELOPMENTAL TRAINING AND ACTIVITY PROGRAMS FOR                  |
| GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST - 10550 MERRITT ST - CASTROVILLE, CA 95012    | 94-1567162 | 501(C)(3)                     | 11,243.                  | 0.                                |   |  | TO ASSIST GIRLS IN EXHIBITING GROWTH IN: SELF-COMPETENCE, SELF-RELIANCE, FEELINGS             |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HOPE SERVICES<br>1580 DEL MONTE BLVD<br>SEASIDE, CA 93955                            | 94-1399287 | 501(C)(3)                     | 6,746.                   | 0.                                |   |  | TO ASSIST INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES TO ACQUIRE LIFE SKILLS IN MULTIPLE        |
| HOUSING RESOURCE CENTER OF MONTEREY COUNTY - PO BOX 1307 - SALINAS, CA 93902         | 20-0125143 | 501(C)(3)                     | 17,090.                  | 0.                                |   |  | RENTAL ASSISTANCE FOR TEMPORARILY HOMELESS HOUSEHOLDS AS WELL AS HOUSEHOLDS EXPERIENCING        |
| INTERIM, INC.<br>PO BOX 3222<br>MONTEREY, CA 93942                                   | 51-0159122 | 501(C)(3)                     | 13,492.                  | 0.                                |   |  | TO ASSIST MENTALLY ILL ADULTS WHO ARE EITHER HOMELESS OR AT RISK OF HOMELESSNESS TO DEVELOP     |
| LEGAL SERVICES FOR SENIORS<br>915 HILBY AVE, SUITE 2<br>SEASIDE, CA 93955            | 77-0073127 | 501(C)(3)                     | 9,053.                   | 0.                                |   |  | TO ASSIST ECONOMICALLY NEEDY SENIORS OBTAIN EQUAL ACCESS TO QUALITY, PROFESSIONAL LEGAL         |
| MEALS ON WHEELS OF THE SALINAS VALLEY - 40 CLARK STREET, SUITE C - SALINAS, CA 93901 | 77-0064507 | 501(C)(3)                     | 12,143.                  | 0.                                |   |  | TO HELP COVER THE COSTS OF PROVIDING HOME-DELIVERED MEALS TO FRAIL SENIORS AND                  |
| MEALS ON WHEELS, MONTEREY PENINSULA - 700 JEWELL AVE - PACIFIC GROVE, CA 93950       | 94-2157521 | 501(C)(3)                     | 9,945.                   | 0.                                |   |  | TO PROVIDE GENERAL OPERATING SUPPORT TO MOWMP TO HELP SUPPORT ITS CONTINUUM OF CARE FOR         |
| MONTEREY COUNTY RAPE CRISIS CENTER<br>PO BOX 2630<br>MONTEREY, CA 93942              | 94-2389889 | 501(C)(3)                     | 9,444.                   | 0.                                |   |  | TO ASSIST SEXUAL ASSAULT SURVIVORS TO RECOVER FROM THE TRAUMA OF THEIR ABUSE THROUGH SHORT- AND |
| RANCHO CIELO YOUTH CAMPUS<br>710 OLD STAGE ROAD<br>SALINAS, CA 93912                 | 77-0555759 | 501(C)(3)                     | 13,492.                  | 0.                                |   |  | PROVIDE A SAFE CAMPUS TO DELIVER PROGRAMS AND SERVICES THAT INSPIRE AT-RISK YOUTH TO LEARN      |
| SALINAS AREA READING IS FUNDAMENTAL - 18451 FOXTAIL COURT - SALINAS, CA 93908        | 23-7448169 | 501(C)(3)                     | 4,548.                   | 0.                                |   |  | TO ENABLE SARIF TO PURCHASE BOOKS FOR FIFTEEN THOUSAND STUDENTS SO THEY MAY CHOOSE A NEW        |

Schedule I (Form 990)



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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| RESTORATIVE JUSTICE PARTNERS, INC.<br>229 REINDOLLAR AVE SUITE B<br>MARINA, CA 93933                          | 77-0168443 | 501(C)(3)                     | 11,243.                  | 0.                                |   |  | REPAIR THE DAMAGE CAUSED BY CRIME IN THE COMMUNITY TO DECREASE RECIDIVISM OF YOUTHFUL OFFENDERS BY |
| THE SALVATION ARMY MONTEREY PENINSULA - 1491 CONTRA COSTA AVE - SEASIDE, CA 93955                             | 94-1156347 | 501(C)(3)                     | 11,243.                  | 0.                                |   |  | TO SUPPORT PROGRAMS IN THE AREAS OF AFFORDABLE HOUSING, FOOD DISTRIBUTION, COMFORT                 |
| SALVATION ARMY EXTENSION<br>PO BOX 193465<br>SAN FRANCISCO, CA 94119  | 94-1170408 | 501(C)(3)                     | 9,945.                   | 0.                                |   |  | EMERGENCY FOOD AND HOUSING ASSISTANCE FOR RURAL AND LOW-INCOME FAMILIES IN MONTEREY                |
| SHELTER OUTREACH PLUS<br>PO BOX 1340<br>MARINA, CA 93933  | 94-2525231 | 501(C)(3)                     | 19,125.                  | 0.                                |   |  | TO END THE CYCLE OF HOMELESSNESS BY PROVIDING SAFE HOUSING AND SUPPORT; OPPORTUNITIES FOR          |
| FAMILY SERVICES AGENCY DBA: SUICIDE PREVENTION SERVICES - 104 WALNUT AVENUE, SUITE 208 - SANTA CRUZ, CA 95060 | 94-1716354 | 501(C)(3)                     | 9,053.                   | 0.                                |   |  | TO INCREASE UNDERSTANDING OF SUICIDE AND IT'S WARNING SIGNS; USE OF IMMEDIATE INTERVENTIONS        |
| SUN STREET CENTER<br>11 PEACH DR<br>SALINAS, CA 93901   | 94-6138701 | 501(C)(3)                     | 11,243.                  | 0.                                |   |  | TO PREVENT ALCOHOL AND DRUG ADDICTION BY EDUCATION, PREVENTION AND RECOVERY PROGRAMS TO            |
| SUNRISE HOUSE<br>119 CAPITAL STREET<br>SALINAS, CA 93901  | 94-6000412 | 501(C)(3)                     | 8,095.                   | 0.                                |   |  | TO REDUCE ALCOHOL AND DRUG USAGE AND REDUCE VIOLENT BEHAVIOR THROUGH YOUTH AND FAMILY              |
| TURNING POINT<br>115 EAST SAN LUIS<br>SALINAS, CA 93901   | 94-1719862 | 501(C)(3)                     | 9,945.                   | 0.                                |   |  | YOUTH EMPLOYMENT PROGRAM PROVIDING EMPLOYMENT, VOCATIONAL AND RELATED SERVICES FOR COURT           |
| YMCA-MONTEREY PENINSULA<br>600 CAMINO EL ESTERO<br>MONTEREY, CA 93940   | 77-0202335 | 501(C)(3)                     | 9,053.                   | 0.                                |   |  | TO ASSIST YOUTH IN BUILDING SELF-ESTEEM, DEVELOPING LEADERSHIP SKILLS, PROVIDE PERSONAL            |

Schedule I (Form 990)



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

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

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE ON AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTION AND EARLY INTERVENTION

**Part IV** Supplemental Information

PROGRAMS TO INCREASE PERSONAL SAFETY AND DIMINISH THE POTENTIAL FOR ABUSE AND NEGLECT IN LONG TERM CARE FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERSESSION PROGRAM PROVIDING FUN, EDUCATIONAL ACTIVITIES FOR YOUTH DURING EXTENDED SCHOOL BREAKS AND AFTER-SCHOOL HOURS.

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS SILICON VALLEY, MONTEREY BAY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST PARENTS AND CHILDREN IN ENGAGING IN ACTIVITIES THAT FACILITATE FAMILY AND INDIVIDUAL GROWTH AND RESPECT FOR THEIR ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: VOICES FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ABUSED AND NEGLECTED CHILDREN WITH CARING, RESPONSIBLE ADULTS, WHO ARE TRAINED AS ADVOCATES FOR PROGRAMS SUCH AS GROUP HOME LIAISONS AND RUNAWAY AND FAMILY FINDING.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CLINICAL COUNSELING PROGRAM INCREASE IN MENTAL HEALTH COUNSELING DIRECTED TO LOW-ECONOMIC POPULATION.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COAST HIV/AIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOUSING, EDUCATIONAL AND EMOTIONAL SUPPORT SERVICES TO INDIVIDUALS LIVING WITH HIV/AIDS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COAST FOR INDEPENDENT LIVING

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE CCCIL'S INDEPENDENT LIVING PROGRAM TO MEET UWMC PRIORITY AREA OF SELF-SUFFICIENCY BY INCREASING THE NUMBER OF PEOPLE WITH DISABILITIES WHO OBTAIN BENEFITS AND SERVICES, AND INCREASE THEIR INDEPENDENT LIVING SKILL.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERSHIP FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST CHILDREN IN DEVELOPING SELF-ESTEEM AND CONFIDENCE THROUGH INVOLVEMENT IN LEADERSHIP OPPORTUNITIES AND RELATIONSHIPS WITH SUPPORTIVE ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A VARIETY OF BEHAVIORAL HEALTH SERVICES INTENDED TO INCREASE THE SELF-SUFFICIENCY OF INDIVIDUALS FROM UNDERSERVED POPULATIONS INCLUDING LOW-INCOME CHILDREN AND FAMILIES WHO ARE UNINSURED OR DO NOT QUALIFY FOR PUBLIC ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: DOOR TO HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED TO MEET THE REQUIRED LOCAL MATCHING FUNDS TO SECURE FEDERAL FUNDS NECESSARY TO OPERATE NUEVA ESPERANZA WOMEN AND CHILDREN'S PROGRAM. A 50% MATCH FOR ADULT SERVICES AND 90% FOR CHILDREN'S SERVICES IS REQUIRED.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK FOR MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FOOD BANK'S EMERGENCY FOOD ASSISTANCE PROGRAMS. SPECIFICALLY, FUNDS WOULD BE USED TO OFFSET OCCUPANCY THAT TOTALS \$243,500 ANNUALLY.

NAME OF ORGANIZATION OR GOVERNMENT: FOSTER GRANDPARENT PROGRAM

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FOSTER GRANDPARENT PROGRAM'S (FGP) EFFORT TO RECRUIT, TRAIN AND COORDINATE PLACEMENT OF FOSTER GRANDPARENT VOLUNTEERS INTO PRE-SCHOOL AND ELEMENTARY SCHOOL CLASSROOMS AS MENTORS AND TUTORS TO IMPROVE THE ACADEMIC ACHIEVEMENT AND SOCIAL SKILLS OF STUDENTS WHO WOULD OTHERWISE UNDERACHIEVE.

NAME OF ORGANIZATION OR GOVERNMENT: FRANCISCAN WORKERS/DOROTHY'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOMELESS SINGLE WOMEN WITH EMERGENCY, SAFE, OVERNIGHT SHELTER, FOOD, CLOTHING AND ACCESS TO OTHER SERVICE AGENCIES; PROVIDE DAILY MEALS TO POOR AND HOMELESS PERSONS.

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RESIDENTIAL CARE DEVELOPMENTAL TRAINING AND ACTIVITY PROGRAMS FOR DEVELOPMENTALLY DISABLED ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST GIRLS IN EXHIBITING GROWTH IN: SELF-COMPETENCE, SELF-RELIANCE, FEELINGS OF BELONGING, LEADERSHIP, TEAMWORK, RESPECT FOR OTHER COMMUNITY AWARENESS, STRONG VALUES AND DECISION MAKING.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES TO ACQUIRE LIFE SKILLS IN MULTIPLE LIFE DOMAINS AND ACHIEVE GREATER INDEPENDENCE.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING RESOURCE CENTER OF MONTEREY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: RENTAL ASSISTANCE FOR TEMPORARILY HOMELESS HOUSEHOLDS AS WELL AS HOUSEHOLDS EXPERIENCING FINANCIAL EMERGENCIES.

NAME OF ORGANIZATION OR GOVERNMENT: INTERIM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST MENTALLY ILL ADULTS WHO ARE EITHER HOMELESS OR AT RISK OF HOMELESSNESS TO DEVELOP LIFE-SKILLS TO SUPPORT EMOTIONAL AND PHYSICAL WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES FOR SENIORS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST ECONOMICALLY NEEDY SENIORS OBTAIN EQUAL ACCESS TO QUALITY, PROFESSIONAL LEGAL ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS OF THE SALINAS VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP COVER THE COSTS OF PROVIDING HOME-DELIVERED MEALS TO FRAIL SENIORS AND DISABLED ADULTS WHO CAN'T SHOP OR COOK FOR THEMSELVES.

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS, MONTEREY PENINSULA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GENERAL OPERATING SUPPORT TO MOWMP TO HELP SUPPORT ITS CONTINUUM OF CARE FOR DISABLED AND FRAIL ELDERLY HOMEBOUND ADULTS, AMBULATORY SENIORS AND ADULTS AGE 18+ THROUGH THREE CORE PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: MONTEREY COUNTY RAPE CRISIS CENTER

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST SEXUAL ASSAULT SURVIVORS TO RECOVER FROM THE TRAUMA OF THEIR ABUSE THROUGH SHORT- AND LONG-TERM INTERVENTION SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: RANCHO CIELO YOUTH CAMPUS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A SAFE CAMPUS TO DELIVER PROGRAMS AND SERVICES THAT INSPIRE AT-RISK YOUTH TO LEARN NEW SKILLS, GAIN SELF-ESTEEM AND CONFIDENCE. PROGRAMS INCLUDE YOUTH CORPS, CULINARY ACADEMY AND SILVER STAR YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: SALINAS AREA READING IS FUNDAMENTAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE SARIF TO PURCHASE BOOKS FOR FIFTEEN THOUSAND STUDENTS SO THEY MAY CHOOSE A NEW BOOK TO KEEP, THREE TIMES A YEAR AT THEIR SCHOOL SITES.

NAME OF ORGANIZATION OR GOVERNMENT: RESTORATIVE JUSTICE PARTNERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REPAIR THE DAMAGE CAUSED BY CRIME IN THE COMMUNITY TO DECREASE RECIDIVISM OF YOUTHFUL OFFENDERS BY WORKING AS A COMMUNITY-BASED NON-PROFIT IN PARTNERSHIP WITH MONTEREY COUNTY PROBATION DEPARTMENT'S COURTS TO CONDUCT RESTORATIVE JUSTICE PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY MONTEREY PENINSULA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS IN THE AREAS OF AFFORDABLE HOUSING, FOOD DISTRIBUTION, COMFORT COUNSEL, FINANCIAL OUTREACH AND SUPPORT, CHILD CARE AND EDUCATION AND YOUTH MINISTRY.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY EXTENSION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FOOD AND HOUSING



**Part IV** Supplemental Information

ASSISTANCE FOR RURAL AND LOW-INCOME FAMILIES IN MONTEREY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: SHELTER OUTREACH PLUS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO END THE CYCLE OF HOMELESSNESS BY PROVIDING SAFE HOUSING AND SUPPORT; OPPORTUNITIES FOR SELF-SUFFICIENCY THROUGH OUTREACH, EMERGENCY AND TRANSITIONAL HOUSING SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICES AGENCY DBA: SUICIDE PREVENTION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE UNDERSTANDING OF SUICIDE AND IT'S WARNING SIGNS; USE OF IMMEDIATE INTERVENTIONS FOR SUICIDAL CALLERS BY USE OF SUICIDE CRISIS LINE.

NAME OF ORGANIZATION OR GOVERNMENT: SUN STREET CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREVENT ALCOHOL AND DRUG ADDICTION BY EDUCATION, PREVENTION AND RECOVERY PROGRAMS TO INDIVIDUALS AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: SUNRISE HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE ALCOHOL AND DRUG USAGE AND REDUCE VIOLENT BEHAVIOR THROUGH YOUTH AND FAMILY COUNSELING AND CRISIS CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH EMPLOYMENT PROGRAM PROVIDING EMPLOYMENT, VOCATIONAL AND RELATED SERVICES FOR COURT INVOLVED AND AT-RISK YOUTH IN MONTEREY COUNTY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YMCA-MONTEREY PENINSULA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST YOUTH IN BUILDING SELF-ESTEEM, DEVELOPING LEADERSHIP SKILLS, PROVIDE PERSONAL HEALTH THROUGH VARIOUS PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA-SALINAS

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH AND FAMILY PROGRAMS TO INSTILL IN CHILDREN WITH POSITIVE VALUES, COMMITMENT TO SERVICE, MOTIVATION TO LEARN.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA-SOUTH COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS TO PROVIDE YOUTH AND TEENS WITH EXPERIENCES TO HELP THEM MAKE CHOICES BASED ON POSITIVE VALUES AND SOUND JUDGMENT.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS TO PROVIDE INDIVIDUAL GROUP COUNSELING TO CHILDREN EXPOSED TO DOMESTIC VIOLENCE, AS WELL AS INDIVIDUALS SEEKING SERVICES FOR DOMESTIC VIOLENCE RELATIONSHIPS.

SCHEDULE I, PART II, LINE 3:

GRANTS NOT INCLUDED ON SCHEDULE I:

AMOUNTS TO DESIGNATED AGENCIES:

AMOUNTS RAISED ON BEHALF OF OTHERS (DESIGNATIONS TO APPROXIMATELY 323 ORGANIZATIONS) TOTALED: \$577,400 AND ARE NOT INCLUDED ON SCHEDULE I OF FORM 990.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 (e.g., maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the filing 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 checked="" 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

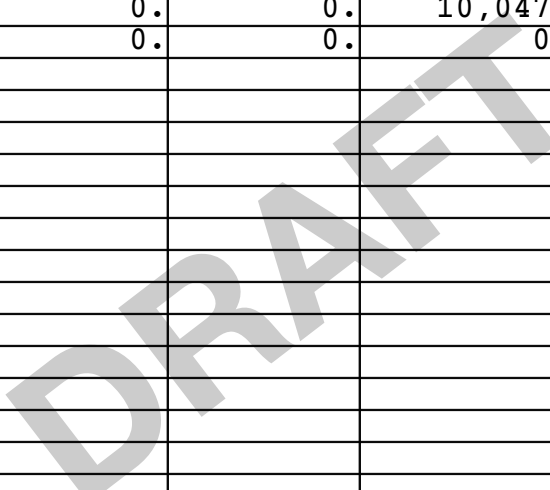
Schedule J (Form 990) 2014

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

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

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

| (A) Name and Title                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) MARY L. ADAMS<br>PRESIDENT & CEO | (i)  | 143,227.   | 0.                                  | 0.                                  | 10,047.  | 1,481.                  | 154,755.                        | 0.  |
|                                      | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |



**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 J AND PAGE 8 LINE 3

SHARON ANN LAGANA, CFO, LEFT HER POSITION 10/1/14. BRIAN ERBELE JOINED  
UNITED WAY OF MONTEREY COUNTY IN JANUARY 2015 AS VICE PRESIDENT  
FINANCE.

DRAFT

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SPEARHEADED IMPACT MONTEREY COUNTY, AN ASSESSMENT OF COMMUNITY

ASPIRATIONS; DEVELOPED VISION AND COLLABORATIVE ACTION TO ACHIEVE

SHARED GOALS.

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

THE ANNUAL FORM 990 IS REVIEWED BY THE UNITED WAY OF MONTEREY COUNTY'S  
FINANCE COMMITTEE AND THE BOARD OF DIRECTORS BEFORE THE RETURN IS FILED.

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

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, SECTION B, LINE 15:

COMPENSATION FOR THE CEO AND CFO 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.

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

UNITED WAY OF MONTEREY COUNTY'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS  
WEBSITE AT [WWW.UNITEDWAYMCCA.ORG/OUR-FINANCIALS](http://WWW.UNITEDWAYMCCA.ORG/OUR-FINANCIALS). THOSE INTERESTED CAN ALSO  
CONTACT UWMC AT 831-372-8026, EXT. 109 TO REQUEST ITS GOVERNING DOCUMENTS,

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

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

FORM 990, PART VII, SECTION A, LINE 15:

AS OF JUNE 30, 2015 MARY L ADAMS RETIRED AS PRESIDENT AND CEO. JULY 1, 2015, BEGINNING OF THE NEXT FISCAL YEAR, UNITED WAY OF MONTEREY COUNTY HAS A NEW PRESIDENT AND CEO.

FORM 990, PART XII, QUESTION 2C

THE ORGANIZATION HAS NOT CHANGED ITS PROCEDURES FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS FROM THE PRIOR YEAR, NOR HAS IT CHANGED ITS PROCEDURES FOR SELECTING AN AUDITOR.

FORM 990, PART V, QUESTIONS 7G - 13A AND 14B

THE ANSWERS TO QUESTIONS 7G THROUGH 13A AND 14B ARE N/A, NOT APPLICABLE. THE COMPUTER TAX PROGRAM USED TO COMPLETE THE ORGANIZATION'S TAX RETURN DOES NOT ALLOW N/A AS AN ANSWER TO THESE QUESTIONS.

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF MONTEREY COUNTY

FORM 990 PAGE 10

94-1322169

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

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

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

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

|    |  |    |        |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |        |
| 15 | Property subject to section 168(f)(1) election   | 15 |        |
| 16 | Other depreciation (including ACRS)  | 16 | 4,910. |

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

**Section A**

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

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

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

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

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

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 4,910. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |



Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle usage metrics (a-f) and availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No) for employer questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2014 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2014 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

2014

# California Exempt Organization Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **07/01/2014**, and ending (mm/dd/yyyy) **06/30/2015**

|   |                                |   |
|---|--------------------------------|---|
| Corporation/Organization Name<br><b>UNITED WAY OF MONTEREY COUNTY</b><br><small>Additional Information. See instructions.</small> |                                | California corporation number<br><b>0193354</b> |
| Street address (suite or room)<br><b>60 GARDEN COURT, SUITE 350</b>   |                                | PMB no.   |
| City<br><b>MONTEREY</b>   | State<br><b>CA</b>             | ZIP code<br><b>93940</b>                        |
| Foreign country name  | Foreign province/state/country | Foreign postal code                             |

|   |  |
|---|--|
| <p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?<br/> <input type="checkbox"/> Dissolved    <input type="checkbox"/> Surrendered (Withdrawn)<br/> <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method:<br/>         (1) <input type="checkbox"/> Cash    (2) <input checked="" type="checkbox"/> Accrual    (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?<br/>         (1) <input type="checkbox"/> 990T    (2) <input type="checkbox"/> 990-PF    (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         Date filed with IRS _____</p> |
|---|--|

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

|                              |  |    |              |
|------------------------------|--|----|--------------|
| <b>Receipts and Revenues</b> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 26,320.00    |
|                              | 2 Gross dues and assessments from members and affiliates   | 2  | 00           |
|                              | 3 Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>   | 3  | 3,056,259.00 |
|                              | 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 Instruction B | 4  | 3,082,579.00 |
|                              | 5 Cost of goods sold   | 5  | 00           |
|                              | 6 Cost or other basis, and sales expenses of assets sold   | 6  | 00           |
|                              | 7 Total costs. Add line 5 and line 6   | 7  | 00           |
|                              | 8 Total gross income. Subtract line 7 from line 4  | 8  | 3,082,579.00 |
| <b>Expenses</b>              | 9 Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 2,944,351.00 |
|                              | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | 10 | 138,228.00   |
| <b>Filing Fee</b>            | 11 Filing fee \$10 or \$25. See General Instruction F  | 11 | N/A 00       |
|                              | 12 Total payments  | 12 | 00           |
|                              | 13 Penalties and Interest. See General Instruction J   | 13 | 00           |
|                              | 14 Use tax. See General Instruction K  | 14 | 00           |
|                              | 15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result  | 15 | 00           |

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.

|                                 |   |                      |   |
|---------------------------------|---|----------------------|---|
| <b>Sign Here</b>                | Signature of officer <b>PRESIDENT &amp; CE</b>  | Date                 | Telephone<br><b>831-372-8026</b>                                      |
| <b>Paid Preparer's Use Only</b> | Preparer's signature <b>JESSE LOPEZ</b>   | Date <b>10/21/15</b> | Check if self-employed <input type="checkbox"/> PTIN <b>P00312725</b> |
|                                 | Firm's name (or yours, if self-employed) and address<br><b>BIANCHI, KASAVAN &amp; POPE, LLP<br/>450 LINCOLN AVENUE, SUITE 200<br/>SALINAS, CA 93901</b> |                      | FEIN<br><b>94-1541507</b>   |
|                                 | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     |                      | Telephone<br><b>831-757-5311</b>                                      |

**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.

428951 11-26-14

|                                    |    |  |   |    |              |
|------------------------------------|----|--|---|----|--------------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions   | • | 1  | 10,052.00    |
|                                    | 2  | Interest   | • | 2  | 9,208.00     |
|                                    | 3  | Dividends  | • | 3  | 00           |
|                                    | 4  | Gross rents  | • | 4  | 00           |
|                                    | 5  | Gross royalties  | • | 5  | 00           |
|                                    | 6  | Gross amount received from sale of assets (See Instructions)   | • | 6  | 00           |
|                                    | 7  | Other income   | • | 7  | 7,060.00     |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8  | 26,320.00    |
|                                    | 9  | Contributions, gifts, grants, and similar amounts paid   | • | 9  | 996,776.00   |
|                                    | 10 | Disbursements to or for members  | • | 10 | 00           |
|                                    | 11 | Compensation of officers, directors, and trustees  | • | 11 | 322,795.00   |
|                                    | 12 | Other salaries and wages   | • | 12 | 643,898.00   |
|                                    | 13 | Interest   | • | 13 | 00           |
|                                    | 14 | Taxes  | • | 14 | 81,598.00    |
|                                    | 15 | Rents  | • | 15 | 83,000.00    |
|                                    | 16 | Depreciation and depletion (See instructions)  | • | 16 | 4,910.00     |
|                                    | 17 | Other Expenses and Disbursements   | • | 17 | 811,374.00   |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                | • | 18 | 2,944,351.00 |

| Schedule L Balance Sheets                            | Beginning of taxable year |            | End of taxable year |            |
|--|---------------------------|------------|---------------------|------------|
|  | (a)                       | (b)        | (c)                 | (d)        |
| <b>Assets</b>  |                           |            |                     |            |
| 1 Cash   |                           | 1,335,802. |                     | 1,524,524. |
| 2 Net accounts receivable                            |                           | 132,626.   |                     | 94,304.    |
| 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                                  |                           |            |                     |            |
| 10 a Depreciable assets                              | 137,122.                  |            | 137,122.            |            |
| b Less accumulated depreciation                      | ( 130,342. )              | 6,780.     | ( 135,252. )        | 1,870.     |
| 11 Land  |                           |            |                     |            |
| 12 Other assets                                      |                           | 1,030,670. |                     | 1,005,580. |
| 13 <b>Total assets</b>                               |                           | 2,505,878. |                     | 2,626,278. |
| <b>Liabilities and net worth</b>                     |                           |            |                     |            |
| 14 Accounts payable                                  |                           | 118,566.   |                     | 126,263.   |
| 15 Contributions, gifts, or grants payable           |                           | 296,446.   |                     | 280,811.   |
| 16 Bonds and notes payable                           |                           |            |                     |            |
| 17 Mortgages payable                                 |                           |            |                     |            |
| 18 Other liabilities                                 |                           | 50,726.    |                     | 47,979.    |
| 19 Capital stock or principal fund                   |                           |            |                     |            |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |            |                     |            |
| 21 Retained earnings or income fund                  |                           | 2,040,140. |                     | 2,171,225. |
| 22 <b>Total liabilities and net worth</b>            |                           | 2,505,878. |                     | 2,626,278. |

**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   | • | 131,085.   | 7  | Income recorded on books this year not included in this return.     | • | 1,014,031. |
| 2 | Federal income tax   | • |            | 8  | Deductions in this return not charged against book income this year | • | 567,942.   |
| 3 | Excess of capital losses over capital gains                      | • |            | 9  | Total. Add line 7 and line 8  | • | 1,581,973. |
| 4 | Income not recorded on books this year *                         | • | 567,942.   | 10 | Net income per return.  | • | 138,228.   |
| 5 | Expenses recorded on books this year not deducted in this return | • | 1,021,174. |    | Subtract line 9 from line 6   |   |            |
| 6 | Total. Add line 1 through line 5                                 | • | 1,720,201. |    |   |   |            |

\* STMT 7