

## Return of Organization Exempt From Income Tax

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

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

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

<b>A For the 2024 calendar year, or tax year beginning</b>		7/01	<b>, 2024, and ending</b>		6/30	<b>, 2025</b>	
<b>B Check if applicable:</b>		<b>C</b>		<b>D Employer identification number</b>			
<input type="checkbox"/> Address change	UNITED WAY OF MONTEREY COUNTY	94-1322169		<b>E Telephone number</b>			
<input type="checkbox"/> Name change	232 MONTEREY STREET #200	831-372-8026		<b>F Name and address of principal officer:</b>			
<input type="checkbox"/> Initial return	SALINAS, CA 93901	<b>G Gross receipts</b>		\$ 4,167,176.			
<input type="checkbox"/> Final return/terminated		<b>H(a) Is this a group return for subordinates?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Amended return		<b>H(b) Are all subordinates included?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Application pending		If "No," attach a list. See instructions.					
<b>I Tax-exempt status:</b> <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 Website:</b> WWW.UNITEDWAYMCCA.ORG		<b>H(c) Group exemption number</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1953		<b>M State of legal domicile:</b> CA			

<b>Part I Summary</b>		
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS CONNECTING PEOPLE, PARTNERS, AND PATHWAYS TO IMPROVE LIVES ACROSS MONTEREY COUNTY.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) .....	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....	
	6 Total number of volunteers (estimate if necessary) .....	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	
	8 Contributions and grants (Part VIII, line 1h) .....	
	9 Program service revenue (Part VIII, line 2g) .....	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		
<b>Revenue</b>	<b>Prior Year</b>	
	5,375,896. 3,577,726.	
	5,801. 383,634.	
	89,702. 195,361.	
	216,520. -20,039.	
	5,687,919. 4,136,682.	
	2,601,164. 447,966.	
	2,126,960. 2,168,228.	
	976,435. 1,395,687.	
	5,704,559. 4,011,881.	
<b>Expenses</b>	-16,640. 124,801.	
	<b>Beginning of Current Year</b>	
	10,733,215. 10,847,196.	
<b>Net Assets or Fund Balances</b>	3,197,386. 3,093,510.	
	7,535,829. 7,753,686.	

<b>Part II Signature Block</b>	
--------------------------------	--

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

<b>Sign Here</b>	Signature of officer		Date
	<b>KATY CASTAGNA</b>		<b>PRESIDENT &amp; CEO</b>
Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date
	<b>KIMBRA SAID, CPA</b>		
	Firm's name	<b>HUTCHINSON AND BLOODGOOD LLP</b>	
	Firm's address	579 AUTO CENTER DRIVE WATSONVILLE, CA 95076	
Firm's EIN		<b>95-0858589</b>	
Phone no.		<b>(831) 724-2441</b>	

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:

OUR MISSION IS CONNECTING PEOPLE, PARTNERS, AND PATHWAYS TO IMPROVE LIVES ACROSS 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? ..... SEE SCHEDULE O

 Yes  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: \_\_\_\_\_) (Expenses \$ 863,329. including grants of \$ 259,827.) (Revenue \$ \_\_\_\_\_)

EARLY CARE AND EDUCATION: UWMC CONTINUED COLLABORATING WITH COMMUNITY STAKEHOLDERS TO IMPROVE ACCESS TO QUALITY CHILD CARE. UWMC SUPPORTED FAMILY, FRIENDS, AND NEIGHBORS (FFN) PROGRAM IN PROVIDING HOME-BASED, LOW-COST, HIGH-QUALITY EARLY CHILDHOOD EDUCATION TO HELP ENSURE CHILDREN ARE ACADEMICALLY, SOCIAILY, AND EMOTIONALLY PREPARED TO ENTER KINDERGARTEN. PROGRAM GRANTS SUPPORTED 77 FFNS THROUGH 288 PLAYGROUPS, TRAININGS, WORKSHOPS, AND HOME VISITS. 10 PRESCHOOL SERVICE CORPS AMERICORPS MEMBERS PROVIDED LANGUAGE AND LITERACY TUTORING TO 109 CHILDREN AT 9 SITES THROUGHOUT MONTEREY COUNTY. STUFF THE BUS PROVIDED SCHOOL SUPPLIES TO STUDENTS EXPERIENCING HOMELESSNESS, GENERATING 6,705 BACKPACKS FILLED WITH SUPPLIES AND DISTRIBUTED BY SCHOOL DISTRICT HOMELESS LIAISONS.

4b (Code: \_\_\_\_\_) (Expenses \$ 550,991. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

211 MONTEREY COUNTY: UWMC CONNECTS PEOPLE TO SERVICES BY PROVIDING REFERRALS TO HEALTH AND HUMAN SERVICES VIA PHONE, INTERNET, AND TEXT, WITH A LARGE INCREASE IN SERVICES IN RESPONSE TO COVID-19. SERVICES PROVIDED BY BILINGUAL CALL SPECIALISTS WITH INTERPRETATION AVAILABLE IN OVER 300 LANGUAGES 24 HOURS A DAY, SEVEN DAYS A WEEK. WE MADE 18,753 REFERRALS TO 12,308 CALLERS AND HAD 72,575 WEBSITE SEARCHES. TO ENHANCE CONNECTIONS TO SERVICES, 455 BI-DIRECTIONAL REFERRALS WERE MADE THROUGH UWMC'S SMART REFERRAL NETWORK (SRN). IT ALLOWS USERS TO MAKE "CLOSED LOOP" REFERRALS. CASE MANAGERS, OTHER FRONT-LINE WORKERS, AND RESIDENTS IN NEED OF SERVICES USE THE PROGRAM TO IDENTIFY NEEDED SERVICES IN THE COUNTY 211 HEALTH AND HUMAN SERVICE DATABASE AND MORE EFFECTIVELY ENROLL IN THEM.

4c (Code: \_\_\_\_\_) (Expenses \$ 434,563. including grants of \$ 136,579.) (Revenue \$ 5,801.)

OTHER: UWMC DEVELOPED THE HOPE AND HELP NETWORK TO BRING TOGETHER PROVIDERS OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS TO INCREASE ACCESS AND COORDINATION FOR COMMUNITY MEMBERS. UWMC CONDUCTS THE ANNUAL COMMUNITY SERVICE AWARDS RECOGNIZING VOLUNTEERS, FACILITATES THE ALLOCATION OF SAFETY NET GRANTS FOR EMERGENCY FOOD AND SHELTER, AND CONTINUTES TO PROVIDE COMMUNITY ASSESSMENTS AND DATA FROM THE REAL COST MEASURE AND IMPACT MONTEREY COUNTY REPORTS.

4d Other program services (Describe on Schedule O.)

SEE SCHEDULE O

(Expenses \$ 1,013,432. including grants of \$ 73,560.) (Revenue \$ 377,833.)

4e Total program service expenses 2,862,315.

**Part IV Checklist of Required Schedules**

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

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

	<b>Yes</b>	<b>No</b>
<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? If "Yes," complete Schedule I, Parts I and III.....	<b>22</b>	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? If "Yes," complete Schedule J.....	<b>23</b>	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.....	<b>24d</b>	
<b>25a</b> <b>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? If "Yes," complete Schedule L, Part I.....	<b>25a</b>	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? If "Yes," complete Schedule L, Part I.....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.....	<b>32</b>	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? If "Yes," complete Schedule R, Part I.....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	<b>35a</b>	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)? If "Yes," complete Schedule R, Part V, line 2.....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.....	<b>36</b>	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? If "Yes," complete Schedule R, Part VI.....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V..... 

	<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....	<b>1a</b>	17
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	<b>1c</b>	X

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

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

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

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

### Section A. Governing Body and Management

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

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

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

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. .... SEE SCHEDULE O	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	
	KATY CASTAGNA 232 MONTEREY STREET, SUITE 200 SALINAS CA 93901 831-372-8026	

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

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

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

**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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) KATY CASTAGNA PRESIDENT & CEO	40 0			X			180,730.	0.	28,876.
(2) LYNDY PATRICK VP RESOURCE DEVELOP	40 0				X		120,581.	0.	26,368.
(3) JOSHUA MADFIS VP COMM INVESTMENT	40 0				X		119,695.	0.	21,134.
(4) DANAE THOMAS VP FINANCE	40 0			X			117,228.	0.	15,279.
(5) MONICA TOVAR BOARD MEMBER	2 0	X					0.	0.	0.
(6) DEACON WARREN HOY CHAIR	2 0	X	X				0.	0.	0.
(7) FANA OLDFIELD TREASURER	2 0	X	X				0.	0.	0.
(8) ANN KERN SECRETARY	2 0	X	X				0.	0.	0.
(9) DANIEL CHIBAYA BOARD MEMBER	2 0	X					0.	0.	0.
(10) GLENNA DATTA BOARD MEMBER	2 0	X					0.	0.	0.
(11) ALEXIS GARCIA-ARRAZOLA BOARD MEMBER	2 0	X					0.	0.	0.
(12) CARMEN GIL BOARD MEMBER	2 0	X					0.	0.	0.
(13) JUANA GOMEZ BOARD MEMBER	2 0	X					0.	0.	0.
(14) BRAYTON JOHNSON BOARD MEMBER	2 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former Officer or director	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee		
(15) SHYAM KAMATH BOARD MEMBER	2 0	X				0.	0.	0.
(16) STEVE LORCH BOARD MEMBER	2 0	X				0.	0.	0.
(17) JORDAN PRATT-THATCHER BOARD MEMBER	2 0	X				0.	0.	0.
(18) SHANNAN WATKINS BOARD MEMBER	2 0	X				0.	0.	0.
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1b Subtotal ..... 538,234. 0. 91,657.

c Total from continuation sheets to Part VII, Section A ..... 0. 0. 0.

d Total (add lines 1b and 1c) ..... 538,234. 0. 91,657.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues.....	<b>1b</b>			
	<b>c</b> Fundraising events.....	<b>1c</b> 8,390.			
	<b>d</b> Related organizations.....	<b>1d</b>			
	<b>e</b> Government grants (contributions).....	<b>1e</b> 1,279,840.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,289,496.			
	<b>g</b> Noncash contributions included in lines 1a-1f.....	<b>1g</b> 5,181.			
	<b>h Total.</b> Add lines 1a-1f.....		<b>3,577,726.</b>		
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> COMMUNITY IMPACT CENTER	<b>900099</b>	377,833.	377,833.	
	<b>b</b> ADMINISTRATIVE INCOME	<b>900099</b>	5,801.	5,801.	
	<b>c</b> -----				
	<b>d</b> -----				
	<b>e</b> -----				
	<b>f</b> All other program service revenue.....				
	<b>g Total.</b> Add lines 2a-2f.....		<b>383,634.</b>		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		<b>195,361.</b>		<b>195,361.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties.....				
	<b>6a</b> Gross rents .....	(i) Real	(ii) Personal		
	<b>6a</b>				
	<b>6b</b>				
	<b>6c</b>				
	<b>d</b> Net rental income or (loss).....				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses				
	<b>c</b> Gain or (loss).....	<b>7b</b>			
	<b>d</b> Net gain or (loss).....	<b>7c</b>			
	<b>8a</b> Gross income from fundraising events (not including \$ <b>8,390.</b> of contributions reported on line 1c).	<b>8a</b>			
	See Part IV, line 18 .....	10,305.			
	<b>b</b> Less: direct expenses.....	<b>8b</b> 30,494.			
	<b>c</b> Net income or (loss) from fundraising events .....		<b>-20,189.</b>		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>			
	<b>b</b> Less: direct expenses.....	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities.....				
	<b>10a</b> Gross sales of inventory, less..... returns and allowances.....	<b>10a</b>			
	<b>b</b> Less: cost of goods sold....	<b>10b</b>			
	<b>c</b> Net income or (loss) from sales of inventory.....				
<b>Other Revenue</b>		<b>Business Code</b>			
	<b>11a</b> MISCELLANEOUS -----	<b>900099</b>	150.	150.	
	<b>b</b> -----				
	<b>c</b> -----				
	<b>d</b> All other revenue.....				
	<b>e Total.</b> Add lines 11a-11d.....		<b>150.</b>		
	<b>12 Total revenue.</b> See instructions.....		<b>4,136,682.</b>	<b>383,784.</b>	<b>0.</b> <b>195,361.</b>

**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.  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	447,966.	447,966.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	342,113.	88,887.	239,161.	14,065.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages .....	1,419,843.	927,825.	169,229.	322,789.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	76,992.	44,135.	18,234.	14,623.
9 Other employee benefits .....	196,445.	114,441.	44,088.	37,916.
10 Payroll taxes .....	132,835.	76,147.	31,459.	25,229.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	717.		717.	
c Accounting.....	56,957.	32,650.	13,489.	10,818.
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees .....	14,476.		14,476.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	527,629.	491,699.	24,850.	11,080.
12 Advertising and promotion .....	7,389.	2,706.	2,971.	1,712.
13 Office expenses .....	124,840.	88,405.	25,302.	11,133.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	205,650.	174,467.	27,186.	3,997.
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	86,148.	59,614.	11,485.	15,049.
20 Interest.....				
21 Payments to affiliates.....	29,551.	16,940.	6,999.	5,612.
22 Depreciation, depletion, and amortization .....	156,906.	133,361.	18,732.	4,813.
23 Insurance.....	25,245.	17,141.	6,492.	1,612.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....				
a PROGRAM AND CAMPAIGN MATERIALS.....	108,227.	106,054.	24.	2,149.
b TAXES.....	19,639.	17,739.	1,900.	
c MISCELLANEOUS.....	14,206.	13,194.	1,012.	
d PRINTING AND PUBLICATIONS.....	6,842.	3,951.	672.	2,219.
e All other expenses.....	11,265.	4,993.	4,100.	2,172.
25 Total functional expenses. Add lines 1 through 24e.....	4,011,881.	2,862,315.	662,578.	486,988.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .				

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

		(A) Beginning of year		(B) End of year
	<b>Assets</b>			
1	Cash – non-interest-bearing.....	662,759.	1	532,175.
2	Savings and temporary cash investments.....	2,218,721.	2	2,201,278.
3	Pledges and grants receivable, net.....	536,056.	3	652,849.
4	Accounts receivable, net .....		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
7	Notes and loans receivable, net.....		7	
8	Inventories for sale or use.....		8	
9	Prepaid expenses and deferred charges.....	22,161.	9	19,198.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	6,661,631.		
b	Less: accumulated depreciation.....	509,160.	10c	6,152,471.
11	Investments – publicly traded securities.....		11	
12	Investments – other securities. See Part IV, line 11.....		12	
13	Investments – program-related. See Part IV, line 11.....		13	
14	Intangible assets.....		14	
15	Other assets. See Part IV, line 11.....	1,162,325.	15	1,289,225.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....	10,733,215.	16	10,847,196.
	<b>Liabilities</b>			
17	Accounts payable and accrued expenses.....	200,484.	17	240,638.
18	Grants payable .....	200,000.	18	200,000.
19	Deferred revenue .....	125,667.	19	63,980.
20	Tax-exempt bond liabilities.....		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
23	Secured mortgages and notes payable to unrelated third parties.....	2,354,355.	23	2,282,875.
24	Unsecured notes and loans payable to unrelated third parties.....	289,903.	24	265,730.
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	26,977.	25	40,287.
26	<b>Total liabilities.</b> Add lines 17 through 25.....	3,197,386.	26	3,093,510.
	<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions.....	6,890,676.	27	7,192,744.
28	Net assets with donor restrictions.....	645,153.	28	560,942.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds.....		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.....		30	
31	Retained earnings, endowment, accumulated income, or other funds.....		31	
32	Total net assets or fund balances.....	7,535,829.	32	7,753,686.
33	Total liabilities and net assets/fund balances.....	10,733,215.	33	10,847,196.

**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	4,136,682.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	4,011,881.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	124,801.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	7,535,829.
5 Net unrealized gains (losses) on investments.....	5	93,056.
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	7,753,686.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?.....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....	3b	X

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

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

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

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,048,385.	43993668.	11814587.	5,375,896.	3,577,726.	72,810,262.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
4 <b>Total.</b> Add lines 1 through 3....	8,048,385.	43993668.	11814587.	5,375,896.	3,577,726.	72,810,262.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..						0.
6 <b>Public support.</b> Subtract line 5 from line 4.....						72,810,262.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.....	8,048,385.	43993668.	11814587.	5,375,896.	3,577,726.	72,810,262.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	40,085.	43,768.	44,307.	89,702.	195,361.	413,223.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....		915.	63,215.	200,144.		264,274.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) <b>SEE PART VI</b> .....	587.	7,957.	4,959.	10,561.	150.	24,214.
11 <b>Total support.</b> Add lines 7 through 10.....						73,511,973.
12 Gross receipts from related activities, etc. (see instructions).....					12	408,034.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).....	14	99.05 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.....	15	99.18 %
16a <b>33-1/3% support test—2024.</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—2023.</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"/>
17a <b>10%-facts-and-circumstances test—2024.</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—2023.</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"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						
<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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.) ....						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). ....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15. ....	16	%

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

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)). ....	17	%
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17. ....	18	%
<b>19a 33-1/3% support tests—2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
<b>b 33-1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
3b		

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

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

**Section A – Adjusted Net Income**

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

**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)	<b>1d</b>	
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 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C – Distributable Amount**

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

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

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	5
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	6
<b>7 Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
<b>10</b> Line 8 amount divided by line 9 amount	10

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			

BAA

Schedule A (Form 990) 2024

**Part VI**

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

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
OTHER INCOME	\$ 150.	\$ 10,561.	\$ 4,959.	\$ 7,957.	\$ 587.
TOTAL	<u>\$ 150.</u>	<u>\$ 10,561.</u>	<u>\$ 4,959.</u>	<u>\$ 7,957.</u>	<u>\$ 587.</u>

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**PUBLIC DISCLOSURE COPY  
Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 foundationCheck 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 144,100.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 126,348	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 183,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 197,739	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 333,962	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 286,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

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

**Name of organization**

NAME OF ORGANIZATION  
**UNITED WAY OF MONTEREY COUNTY**

**Employer identification number**

94-1322169

**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 information once. See instructions.)..... \$ \_\_\_\_\_ N/A  
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
N/A			

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF MONTEREY COUNTY

94-1322169

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

**Part II Conservation Easements**

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	871,720.	781,046.	727,875.	840,529.	665,950.
b Contributions.....	8,800.	20,000.		6,483.	
c Net investment earnings, gains, and losses.....	105,283.	83,317.	64,713.	-106,360.	186,190.
d Grants or scholarships.....	3,686.	3,768.	3,531.	3,701.	3,580.
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....	9,993.	8,875.	8,011.	9,076.	8,031.
g End of year balance.....	972,124.	871,720.	781,046.	727,875.	840,529.

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

a Board designated or quasi-endowment 60.00 %

b Permanent endowment 20.55 %

c Term endowment 19.45 %

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

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

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

(i) Unrelated organizations?.....

(ii) Related organizations?.....

b If "Yes" on line 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. SEE PART XIII

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....		1,549,100.		1,549,100.
b Buildings.....		4,656,956.	357,476.	4,299,480.
c Leasehold improvements.....		19,227.	6,129.	13,098.
d Equipment.....		436,348.	145,555.	290,793.
e Other.....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))..... 6,152,471.

BAA

Schedule D (Form 990) (Rev. 12-2024)

<b>Part VII Investments – Other Securities</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> 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> (Column (b) must equal Form 990, Part X, line 12, column (B)).....		
<b>Part VIII Investments – Program Related</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
<b>(a)</b> Description of investment	<b>(b)</b> Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)).....		
<b>Part IX Other Assets</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
<b>(a)</b> Description	<b>(b)</b> Book value	
(1) BENEFICIAL INT IN ASSETS HELD BY OTHERS	1,289,225.	
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)).....	1,289,225.	
<b>Part X Other Liabilities</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		
1.	<b>(a)</b> Description of liability	<b>(b)</b> Book value
(1) Federal income taxes		
(2) DEPOSIT	26,887.	
(3) REFUNDABLE ADVANCE	13,400.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)).....	40,287.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. <input checked="" type="checkbox"/> SEE PART XIII. <input checked="" type="checkbox"/>		

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

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

1	Total revenue, gains, and other support per audited financial statements.....	1	4,230,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments.....	2a	93,056.
b	Donated services and use of facilities.....	2b	44,961.
c	Recoveries of prior year grants.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	138,017.
3	Subtract line 2e from line 1.....	3	4,092,597.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.) SEE PART XIII.....	4b	44,085.
c	Add lines 4a and 4b.....	4c	44,085.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,136,682.

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

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

1	Total expenses and losses per audited financial statements.....	1	4,012,757.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities.....	2a	44,961.
b	Prior year adjustments.....	2b	
c	Other losses.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	44,961.
3	Subtract line 2e from line 1.....	3	3,967,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.) SEE PART XIII.....	4b	44,085.
c	Add lines 4a and 4b.....	4c	44,085.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,011,881.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

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

**PART X - FASB ASC 740 FOOTNOTE**

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

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

DONOR DESIGNATIONS TO OTHER ORGANIZATION.....	\$ 74,579.
FUNDRAISING EXPENSES.....	-30,494.
<b>TOTAL</b>	<b>\$ 44,085.</b>

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

DONOR DESIGNATIONS TO OTHER ORGANIZATION.....	\$ 74,579.
FUNDRAISING EXPENSES.....	-30,494.
<b>TOTAL</b>	<b>\$ 44,085.</b>

**SCHEDULE G**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF MONTEREY COUNTY**

Employer identification number

**94-1322169****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b> .....					0.

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

-----  
-----  
-----  
-----

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

	(a) Event #1 COMMUNITY BREA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts.....	18,695.		18,695.
	2 Less: Contributions.....	8,390.		8,390.
	3 Gross income (line 1 minus line 2).....	10,305.		10,305.
Direct Expenses	4 Cash prizes.....			
	5 Noncash prizes.....			
	6 Rent/facility costs.....			
	7 Food and beverages.....	13,761.		13,761.
	8 Entertainment.....			
	9 Other direct expenses.....	16,733.		16,733.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....			30,494.
	11 Net income summary. Subtract line 10 from line 3, column (d).....			-20,189.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue.....			
Direct Expenses	2 Cash prizes.....			
	3 Noncash prizes.....			
	4 Rent/facility costs.....			
	5 Other direct expenses.....			
	6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d).....			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....  13a  %

b An outside facility. .....  13b  %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

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

**SCHEDULE I**  
(Form 990)

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY FOUNDATION MONTEREY - 2354 GARDEN ROAD - MONTEREY, CA 93940	94-1615897	501(C) (3)	10,000.	0.			EARLY CARE & EDUCATION
(2) ACTION COUNCIL OF MONTEREY CO - 295 MAIN ST, #500 - SALINAS, CA 93901	77-0357101	501(C) (3)	30,000.	0.			CAL EITC OUTREACH
(3) CENTRAL COAST ENERGY SERVICES - PO BOX 2707 - WATSONVILLE, CA 95077	65-1190535	501(C) (3)	30,603.	0.			RENT, UTILITY AND WATER ASSISTANCE
(4) DOOR TO HOPE - 130 W. GABILAN STREET - SALINAS, CA 93901	94-2440770	501(C) (3)	174,827.	0.			FFN CAPACITY BUILDING
(5) HARTNELL COLLEGE FOUNDATION - 411 CENTRAL AVE - SALINAS, CA 93901	94-2781664	501(C) (3)	28,000.	0.			CALKIDS MARKETING & OUTREACH
(6) CENTER FOR COMMUNITY ADVOCACY - 22 WEST GABILAN STREET - SALINAS, CA 93901	77-0192068	501(C) (3)	15,000.	0.			LISTOS SUBGRANT
(7) COMMUNITY BRIDGES - 2667 EAST LAKE AVE - WATSONVILLE, CA 93905	94-2460211	501(C) (3)	10,000.	0.			LISTOS SUBGRANT
(8) ALISAL UNION SCHOOL DISTRICT - 155 BARDIN ROAD - SALINAS, CA 93905			75,000.	0.			FURNISH BUCKHORN LEARNING CENTER
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							7
3 Enter total number of other organizations listed in the line 1 table							1

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

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

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

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

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

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

**SCHEDULE J****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****Attach to Form 990.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as maid, chauffeur, chef)

	<b>Yes</b>	<b>No</b>
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5</b>		
<b>5a</b>		X
<b>5b</b>		X
<b>6</b>		
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		
<b>8</b>		X
<b>9</b>		

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?  
If "Yes," describe in Part III .....**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) (Rev. 12-2024)**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KATY CASTAGNA 1 PRESIDENT & CEO	(i) 180,730. (ii) 0.	0. 0.	0. 0.	0. 0.	28,876. 0.	209,606. 0.	0. 0.
2	(i) (ii)						
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

**Part III Supplemental Information**

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

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**FORM 990, PART III, LINE 2 - NEW SERVICES**

OUR MISSION IS CONNECTING PEOPLE, PARTNERS, AND PATHWAYS TO IMPROVE LIVES ACROSS  
MONTEREY COUNTY

THE PURPOSE OF UNITED WAY MONTEREY COUNTY IS:

1. TO IDENTIFY CURRENT AND EMERGING SOCIAL PROBLEMS AND THE MOST PRESSING HUMAN NEEDS IN OUR COMMUNITY AND TO SEEK SOLUTIONS FOR THEM.
2. TO RAISE THE LEVEL OF AWARENESS OF OUR COMMUNITY'S MOST PRESSING HUMAN NEEDS, THE CURRENT AND EMERGING SOCIAL PROBLEMS, AND UNITED WAY'S ROLE IN ADDRESSING THEM.
3. TO ENGAGE DONORS IN FINANCIALLY SUPPORTING THE MISSION, PURPOSES AND STRATEGY.
4. TO GRANT FUNDS TO EFFECTIVE LOCAL NONPROFIT HUMAN SERVICE AGENCIES.
5. TO FACILITATE COOPERATION AND COORDINATION AMONG LOCAL HUMAN SERVICE AGENCIES.
6. TO ENCOURAGE MEMBERS OF THE COMMUNITY TO BECOME PERSONALLY ENGAGED BOTH FINANCIALLY AND THROUGH VOLUNTEERISM, IN UNITED WAY, UNITED WAY-AFFILIATED AND OTHER HUMAN SERVICE EFFORTS.
7. TO FOSTER AND PROMOTE VOLUNTEERISM IN OUR COMMUNITY.

ON JUNE 30, 2022, UVMC PURCHASED A COMMERCIAL OFFICE BUILDING IN DOWNTOWN SALINAS WITH THE GOAL OF HOUSING ITS ADMINISTRATIVE AND PROGRAM OFFICE, AND HOSTING OTHER LIKE MINDED NONPROFIT AND PUBLIC ENTITIES WHO NEEDED SIMILAR PROFESSIONAL OFFICE SPACE WITH WHICH TO FULFILL THEIR MISSION. THE BUILDING, KNOWN AS THE UNITED WAY MONTEREY COUNTY COMMUNITY IMPACT CENTER, FURTHERS THE UVMC MISSION AND PROVIDES A

BASE FOR CONTINUING STRONG WORK IN FIGHTING FOR THE FINANCIAL STABILITY OF MONTEREY

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**FORM 990, PART III, LINE 2 - NEW SERVICES**

COUNTY FAMILIES. IT WAS PURCHASED THROUGH A VARIETY OF DONATIONS AND LOANS TO ADDRESS THE FOLLOWING PRIORITIES:

1. TO CONSOLIDATE THE SALINAS AND MONTEREY UNITED WAY OFFICES TO FACILITATE BETTER COMMUNICATION AND TEAMWORK AND ELIMINATE RENTAL EXPENSE.
2. TO LEASE SPACE TO NON-PROFITS WHO SHARE OUR VISION OF FINANCIAL STABILITY FOR FAMILIES, INCLUDING THE OPPORTUNITY FOR INCUBATION/START-UP OF NON-PROFITS THAT ALIGN WITH THE UNITED WAY MISSIONS AND OBJECTIVES
3. TO PROVIDE COMMUNITY MEETING SPACE THAT COULD BE USED FOR EDUCATION, TRAINING, MEETINGS AND BOARD RETREATS FOR OTHER COMMUNITY ORGANIZATIONS WHO SHARE OUR VISION.

THE UNITED WAY MONTEREY COUNTY COMMUNITY IMPACT CENTER IS LOCATED AT 232 MONTEREY STREET, IN THE HEART OF DOWNTOWN SALINAS, WHERE THE COUNTY GOVERNMENT AND MANY SOCIAL SERVICE ORGANIZATIONS ARE LOCATED. THE IMPACT CENTER IS A HUB FOR COLLABORATION AND INNOVATION AMONGST COMMUNITY-BASED ORGANIZATIONS. WE OFFER CONFERENCE ROOMS AND MEETING SPACES TO SUPPORT THE WORK OF LIKE-MINDED NONPROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES ACROSS MONTEREY COUNTY. AT 32,000 SQUARE FEET, IT CURRENTLY HOUSES OFFICES FOR FIVE SERVICE PROVIDERS AND OFFERS FIVE CONFERENCE ROOMS FOR COMMUNITY USE. WE HAVE RECEIVED AN ORGANIZATIONAL CLEARANCE CERTIFICATE FROM THE STATE OF CALIFORNIA PROVING THE EXEMPT PURPOSE OF THE BUILDING AND ALLOWING FOR A PROPERTY TAX EXEMPTION.

WHEN WE FIRST PURCHASED THE BUILDING, ONE OF THE PRE-EXISTING TENANTS WAS A PRIVATE ENTERPRISE UNRELATED TO OUR PURPOSE. WE UNDERSTOOD THAT WITH THE MIXED USE, UBIT WOULD BE REQUIRED. SINCE THEN, THE TENANT MIX HAS CHANGED, AND FOR THE PAST 18

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**FORM 990, PART III, LINE 2 - NEW SERVICES**

MONTHS, ALL TENANTS HAVE BEEN NONPROFIT OR PUBLIC ORGANIZATIONS SERVING MONTEREY COUNTY RESIDENTS. TENANTS PAY RENT AND RECEIVE ACCESS TO BUILDING AMENITIES SUCH AS SHARED BATHROOMS, A KITCHENETTE, FREE ACCESS TO CONFERENCE ROOMS AND SAFETY TRAININGS. CURRENTLY, THE TENANTS ARE:

- ALLIANCE ON AGING
- COUNTY OF MONTEREY/CHERISH TOO
- MONTEREY COUNTY OFFICE OF EDUCATION
- PARENTING CONNECTION OF MONTEREY COUNTY
- UNITED WAY MONTEREY COUNTY

FIVE CONFERENCE ROOMS ARE ALSO AVAILABLE FOR COMMUNITY SERVING ORGANIZATIONS TO RESERVE. SOME OF THE ROOMS CARRY A NOMINAL RESERVATION FEE. LAST YEAR NEARLY 4,000 PEOPLE PARTICIPATED IN CONVENINGS AND TRAININGS HOSTED BY 34 DIFFERENT ORGANIZATIONS WITHIN OUR CONFERENCE ROOMS. FOR INFORMATION ON THE STRUCTURE OF THE SHARED MEETING SPACE, VISIT OUR WEBSITE:

[HTTPS://UNITEDWAYMCCA.ORG/COMMUNITY-IMPACT-CENTER-CONFERENCE-ROOMS](https://UNITEDWAYMCCA.ORG/COMMUNITY-IMPACT-CENTER-CONFERENCE-ROOMS)

HAVING LIKE-MINDED ORGANIZATIONS SHARING A ROOF FOSTERS COOPERATION AND COORDINATION FOR THE TENANTS AND COMMUNITY PARTNERS. THERE IS A SYNERGY THAT HELPS BUILD AWARENESS, CO-CREATE SOLUTIONS, AND INSPIRE VOLUNTEERS. WE HAVE SOUGHT TO HAVE A VERY INTENTIONAL MIX OF TENANTS TO FURTHER OUR PURPOSE, AND HAVE TURNED AWAY PRIVATE FOR-PROFIT VENTURES IN ORDER TO MAINTAIN ALIGNMENT WITH OUR MISSION AND PURPOSE.

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

EXPENSES	INCLUDING GRANTS	REVENUE
434,444.	43,000.	

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF MONTEREY COUNTY**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

94-1322169

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

ASSET BUILDING: THE VOLUNTEER INCOME TAX ASSISTANCE SERVICE HELPED 1,305 HOUSEHOLDS FILE THEIR TAX RETURNS AND GENERATED \$2,470,000 IN REFUNDS THROUGH 83 VOLUNTEERS AND EIGHT SITES THROUGHOUT THE COUNTY; PROVIDED JOB PLACEMENT AND CASE MANAGEMENT FOR 159 CALWORKS CUSTOMERS TO BUILD SKILLS AND CREATE A PATH TO EMPLOYMENT. 35 FINANCIAL LITERACY WORKSHOPS PRESENTED TO 642 RESIDENTS BELOW THE POVERTY LEVEL.

EXPENSES	INCLUDING GRANTS	REVENUE
----------	------------------	---------

400,938.		377,833.
----------	--	----------

COMMUNITY IMPACT CENTER - THE UNITED WAY MONTEREY COUNTY COMMUNITY IMPACT CENTER IS LOCATED AT 232 MONTEREY STREET, IN THE HEART OF DOWNTOWN SALINAS. IT IS A HUB FOR COLLABORATION AND INNOVATION AMONGST COMMUNITY BASED ORGANIZATIONS. WE OFFER CONFERENCE ROOMS AND MEETING SPACES TO SUPPORT THE WORK OF LIKE-MINDED NONPROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES ACROSS MONTEREY COUNTY. AT 32,000 SQUARE FEET, IT CURRENTLY HOUSES OFFICES FOR FIVE SERVICE PROVIDERS AND OFFERS FIVE CONFERENCE ROOMS FOR COMMUNITY USE. LAST YEAR, 195 MEETINGS WERE HELD BY 34 DIFFERENT ORGANIZATIONS INVOLVING 3,996 ATTENDEES.

EXPENSES	INCLUDING GRANTS	REVENUE
----------	------------------	---------

178,050.	30,560.	
----------	---------	--

HOUSING STABILIZATION: UWMC PROVIDES SOCIAL SERVICES IN THE COMMUNITY AS A LEAD PARTNER TO DISTRIBUTE GOVERNMENT FUNDING, DEVELOPING AND COORDINATING COUNTYWIDE PROGRAMS TO SUPPORT HOUSING STABILITY. UWMC PARTNERED WITH 5 AGENCIES TO DISTRIBUTE \$ 709,566 IN DEPOSIT ASSISTANCE AND PROVIDE HOUSING NAVIGATION, CLOSED LOOP REFERRALS, AND CASE MANAGEMENT SUPPORT FOR 1,214 HOUSEHOLDS.

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

THE FORM 990 IS FIRST REVIEWED BY THE V.P. FINANCE AND CEO. A DRAFT COPY IS THEN PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. ONCE THE FINANCE COMMITTEE HAS REVIEWED AND COMMENTED THE FINALIZED VERSION OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS BY THE FINANCE COMMITTEE CHAIR. THE BOARD GIVES THE FINAL

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF MONTEREY COUNTY**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

94-1322169

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

APPROVAL OF THE FORM 990.

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

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

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

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

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT AND CEO, WHICH INCLUDES COMPENSATION RECOMMENDATION. THIS RECOMMENDATION IS THEN TAKEN TO THE BOARD OF DIRECTORS FOR APPROVAL. THE PRESIDENT AND CEO CONDUCTS ANNUAL REVIEW AND SETS SALARY OFFERS AND MERIT INCREASES FOR ALL STAFF WITHIN THE FRAMEWORK OF THE APPROVED SALARY SCALES.

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

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

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CALL CENTER	275,949.	275,949.		
PROFESSIONAL FEES	229,680.	193,750.	24,850.	11,080.

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**FORM 990, PART IX, LINE 11G (CONTINUED)**  
**OTHER FEES FOR SERVICES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
PROFESSIONAL FEES - MURALS	22,000.	22,000.		
TOTAL	<u>\$ 527,629.</u>	<u>\$ 491,699.</u>	<u>\$ 24,850.</u>	<u>\$ 11,080.</u>

**SCHEDULE R**  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 232 MONTEREY ST., LLC 232 MONTEREY STREET, STE 200 SALINAS, CA 93901 93-3160421	HOLD REAL ESTATE	CA	0.	6,067,542.	UNITED WAY OF MONTEREY COUNTY
(2) _____ _____					
(3) _____ _____					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
Yes	No					
(1) _____ _____						
(2) _____ _____						
(3) _____ _____						
(4) _____ _____						

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Sec 512(b)(13) controlled entity?
							Yes	No	
(1)									
(2)									
(3)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		<b>Yes</b>	<b>No</b>
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....	1 a	X
b	Gift, grant, or capital contribution to related organization(s).....	1 b	X
c	Gift, grant, or capital contribution from related organization(s).....	1 c	X
d	Loans or loan guarantees to or for related organization(s).....	1 d	X
e	Loans or loan guarantees by related organization(s).....	1 e	X
f	Dividends from related organization(s).....	1 f	X
g	Sale of assets to related organization(s).....	1 g	X
h	Purchase of assets from related organization(s).....	1 h	X
i	Exchange of assets with related organization(s).....	1 i	X
j	Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X
k	Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X
l	Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X
m	Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X
o	Sharing of paid employees with related organization(s).....	1 o	X
p	Reimbursement paid to related organization(s) for expenses.....	1 p	X
q	Reimbursement paid by related organization(s) for expenses.....	1 q	X
r	Other transfer of cash or property to related organization(s).....	1 r	X
s	Other transfer of cash or property from related organization(s).....	1 s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No					Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												
(8) _____												

**Supplemental Information**

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

---

TAXABLE YEAR  
**2024****California Exempt Organization  
Annual Information Return**FORM  
**199**Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) **7/01/2024**, and ending (mm/dd/yyyy) **6/30/2025**.

Corporation/Organization name <b>UNITED WAY OF MONTEREY COUNTY</b>	California corporation number <b>0193354</b>	
Additional information. See instructions.	FEIN <b>94-1322169</b>	
Street address (suite or room) <b>232 MONTEREY STREET #200</b>	PMB no.	
City <b>SALINAS</b>	State <b>CA</b>	ZIP code <b>93901</b>
Foreign country name	Foreign province/state/county	Foreign postal code

A First return.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I 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
B Amended return.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g?... If "Yes," enter the gross receipts from nonmember sources.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return?	<input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	L Is the organization a limited liability company?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other	Enter date: (mm/dd/yyyy) <input type="checkbox"/>	M Did the organization file Form 100 or Form 109 to report taxable income?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input checked="" type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series	G Is this a group filing? See instructions.....	N 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
H Is this organization in a group exemption? If "Yes," what is the parent's name?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Date filed with IRS	

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.....	<input type="checkbox"/> 1	<b>589,450.</b>
	2 Gross dues and assessments from members and affiliates.....	<input type="checkbox"/> 2	
	3 Gross contributions, gifts, grants, and similar amounts received.....	<input type="checkbox"/> 3	<b>3,577,726.</b>
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B .....	<input type="checkbox"/> 4	<b>4,167,176.</b>
	5 Cost of goods sold.....	<input type="checkbox"/> 5	
	6 Cost or other basis, and sales expenses of assets sold.....	<input type="checkbox"/> 6	
	7 Total costs. Add line 5 and line 6 .....	<input type="checkbox"/> 7	
	8 Total gross income. Subtract line 7 from line 4.....	<input type="checkbox"/> 8	<b>4,167,176.</b>
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18.....	<input type="checkbox"/> 9	<b>4,042,375.</b>
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.....	<input type="checkbox"/> 10	<b>124,801.</b>
	11 Total payments.....	<input type="checkbox"/> 11	
	12 Use tax. See General Information K.....	<input type="checkbox"/> 12	
<b>Payments</b>	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.....	<input type="checkbox"/> 13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.....	<input type="checkbox"/> 14	
	15 Penalties and interest. See General Information J.....	<input type="checkbox"/> 15	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result .....	<input checked="" type="checkbox"/> 16	<b>0.</b>

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Signature of officer ►	Title <b>PRESIDENT &amp; CEO</b>	Date	<input type="checkbox"/> Telephone <b>831-372-8026</b>

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <b>KIMBRA SAID, CPA</b>	Date	<input type="checkbox"/> Check if self-employed ► <input type="checkbox"/>	<input type="checkbox"/> PTIN <b>P01596055</b>
	Firm's name (or yours, if self-employed) and address ► <b>HUTCHINSON AND BLOODGOOD LLP</b>			<input type="checkbox"/> Firm's FEIN <b>95-0858589</b>
				<input type="checkbox"/> Telephone <b>(831) 724-2441</b>

May the FTB discuss this return with the preparer shown above? See instructions.....

 Yes  No

CACA1112L 01/14/25

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

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions.....	●	1	
	2 Interest.....	●	2	195,361.
	3 Dividends.....	●	3	
	4 Gross rents.....	●	4	
	5 Gross royalties.....	●	5	
	6 Gross amount received from sale of assets (See instructions).....	●	6	
Expenses and Disburse- ments	7 Other income. Attach schedule.....	●	7	394,089.
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.....	●	8	589,450.
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	●	9	447,966.
	10 Disbursements to or for members.....	●	10	
	11 Compensation of officers, directors, and trustees. Attach schedule.....	●	11	342,113.
	12 Other salaries and wages.....	●	12	1,419,843.
	13 Interest.....	●	13	
	14 Taxes.....	●	14	132,835.
	15 Rents.....	●	15	205,650.
	16 Depreciation and depletion (See instructions).....	●	16	156,906.
	17 Other expenses and disbursements. Attach schedule.....	●	17	1,337,062.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....	●	18	4,042,375.

**Schedule L** Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash.....		2,881,480.		● 2,733,453.
2 Net accounts receivable.....		536,056.		● 652,849.
3 Net notes receivable.....				●
4 Inventories.....				●
5 Federal and state government obligations.....				●
6 Investments in other bonds.....				●
7 Investments in stock.....				●
8 Mortgage loans.....				●
9 Other investments. Attach schedule.....				●
10a Depreciable assets.....	4,934,347.		5,112,531.	
b Less accumulated depreciation.....	352,254.	4,582,093.	509,160.	4,603,371.
11 Land.....		1,549,100.		● 1,549,100.
12 Other assets. Attach schedule.....	STM 4	1,184,486.		● 1,308,423.
13 Total assets.....		10,733,215.		10,847,196.
<b>Liabilities and net worth</b>				
14 Accounts payable.....		200,484.		● 240,638.
15 Contributions, gifts, or grants payable.....		200,000.		● 200,000.
16 Bonds and notes payable.....				●
17 Mortgages payable.....		2,644,258.		● 2,548,605.
18 Other liabilities. Attach schedule.....	STM 5	152,644.		104,267.
19 Capital stock or principal fund.....		7,535,829.		● 7,753,686.
20 Paid-in or capital surplus. Attach reconciliation.....				●
21 Retained earnings or income fund.....				●
22 Total liabilities and net worth.....		10,733,215.		10,847,196.

**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.....	● 217,857.	7 Income recorded on books this year not included in this return. Attach schedule. SEE ST 7	● 63,438.
2 Federal income tax.....	●		
3 Excess of capital losses over capital gains.....	●		
4 Income not recorded on books this year. Attach schedule.....	●	8 Deductions in this return not charged against book income this year. Attach schedule..... SEE ST 8	● 74,579.
5 Expenses recorded on books this year not deducted in this return. Attach schedule. SEE ST 6	● 44,961.	9 Total. Add line 7 and line 8.....	138,017.
6 Total. Add line 1 through line 5.....	● 262,818.	10 Net income per return. Subtract line 9 from line 6.....	124,801.

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**CA PUBLIC DISCLOSURE COPY  
Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 foundationCheck 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 144,100.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 126,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 183,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 197,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 333,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 286,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF MONTEREY COUNTY

Employer identification number

94-1322169

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

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

**Name of organization**

NAME OF ORGANIZATION  
**UNITED WAY OF MONTEREY COUNTY**

**Employer identification number**

94-1322169

**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 information once. See instructions.)..... \$ \_\_\_\_\_ N/A  
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
N/A			

## 2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

UNITED WAY OF MONTEREY COUNTY

0193354

## Part I Election To Expense Certain Property Under IRC Section 179

1	\$25,000																
2																	
3	\$200,000																
4																	
5																	
6	<table border="1"> <tr> <td>(a) Description of property</td> <td>(b) Cost (business use only)</td> <td>(c) Elected cost</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		(a) Description of property	(b) Cost (business use only)	(c) Elected cost												
(a) Description of property	(b) Cost (business use only)	(c) Elected cost															
7	7																
8																	
9																	
10																	
11																	
12																	
13	13																

## Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&amp;TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FURNITURE AND E	VARIOUS	436,348.	113,286.	S/L	7	32,269.		
BUILDING	VARIOUS	4,676,183.	238,968.	S/L	39	124,637.		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).					15	156,906.	

## Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g). <input checked="" type="radio"/> 16
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22. <input checked="" type="radio"/> 17
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary). <input checked="" type="radio"/> 18

## Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.					22	

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

INCOME FROM SPECIAL EVENTS.....	\$ 10,305.
MISCELLANEOUS.....	150.
PROGRAM SERVICE REVENUE.....	383,634.
<b>TOTAL</b>	<b>\$ 394,089.</b>

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

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATY CASTAGNA 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	PRESIDENT & CEO 40.00	\$ 209,606.	\$ 0.	\$ 28,876.
MONICA TOVAR 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
DEACON WARREN HOY 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	CHAIR 2.00	0.	0.	0.
FANA OLDFIELD 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	TREASURER 2.00	0.	0.	0.
ANN KERN 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	SECRETARY 2.00	0.	0.	0.
DANIEL CHIBAYA 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
GLENNA DATTA 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
ALEXIS GARCIA-ARRAZOLA 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
CARMEN GIL 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.

## STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JUANA GOMEZ 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
BRAYTON JOHNSON 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
SHYAM KAMATH 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
STEVE LORCH 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
JORDAN PRATT-THATCHER 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
SHANNAN WATKINS 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	BOARD MEMBER 2.00	0.	0.	0.
DANAE THOMAS 232 MONTEREY STREET, SUITE 200 SALINAS, CA 93901	VP FINANCE 40.00	132,507.	0.	15,279.
TOTAL		<u>\$ 342,113.</u>	<u>\$ 0.</u>	<u>\$ 44,155.</u>

## STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

ACCOUNTING FEES.....	\$ 56,957.
ADVERTISING AND PROMOTION.....	7,389.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	86,148.
DUES AND SUBSCRIPTIONS.....	3,407.
INSURANCE.....	25,245.
INVESTMENT MANAGEMENT FEES.....	14,476.
LEGAL FEES.....	717.
MISCELLANEOUS.....	14,206.
OFFICE EXPENSES.....	124,840.
OTHER EMPLOYEE BENEFIT.....	196,445.
OTHER FEES.....	527,629.
PAYMENTS TO AFFILIATES.....	29,551.
PENSION PLAN CONTRIBUTIONS.....	76,992.
POSTAGE AND SHIPPING.....	1,817.
PRINTING AND PUBLICATIONS.....	6,842.

**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

PROGRAM AND CAMPAIGN MATERIALS.....	\$ 108,227.
SPECIAL EVENT EXPENSES.....	30,494.
SPECIAL EVENTS.....	6,041.
TAXES.....	19,639.
<b>TOTAL</b>	<b><u>\$ 1,337,062.</u></b>

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

BENEFICIAL INT IN ASSETS HELD BY OTHERS.....	1,289,225.
PREPAID EXPENSES AND DEFERRED CHARGES.....	19,198.
<b>TOTAL</b>	<b><u>\$ 1,308,423.</u></b>

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

DEFERRED REVENUE.....	63,980.
DEPOSIT.....	26,887.
REFUNDABLE ADVANCE.....	13,400.
<b>TOTAL</b>	<b><u>\$ 104,267.</u></b>

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

IN-KIND.....	\$ 44,961.
<b>TOTAL</b>	<b><u>\$ 44,961.</u></b>

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

DONOR DESIGNATIONS.....	\$ -74,579.
IN-KIND.....	44,961.
UNREALIZED LOSS.....	93,056.
<b>TOTAL</b>	<b><u>\$ 63,438.</u></b>

2024

**CALIFORNIA STATEMENTS**

**PAGE 4**

**UNITED WAY OF MONTEREY COUNTY**

**94-1322169**

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

DONOR DESIGNATIONS .....	\$ 74,579.
<b>TOTAL</b>	<b><u>\$ 74,579.</u></b>

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903477  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)



(For Registry Use Only)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

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

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

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice

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

### PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/24 ending 6/30/25) list:

<b>Total Revenue \$</b> (including noncash contributions)	<u>4,136,682.</u>	<b>Noncash Contributions \$</b>	<u>5,181.</u>	<b>Total Assets \$</b>	<u>10,847,196.</u>
<b>Program Expenses \$</b>	<u>2,862,315.</u>	<b>Total Expenses \$</b>	<u>4,011,881.</u>		

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

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

1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	During this reporting period, did the organization receive any governmental funding?		SEE STATEMENT 1	
6	During this reporting period, did the organization hold a raffle for charitable purposes?		SEE STATEMENT 2	
7	Does the organization conduct a vehicle donation program?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

KATY CASTAGNA

PRESIDENT &amp; CEO

Signature of Authorized Agent

Printed Name

Title

Date

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

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

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

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

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

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

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

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

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

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

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

CITY OF MARINA (211)  
211 HILLCREST AVENUE  
MARINA, CA 93933  
831-884-1278

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

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

CITY OF DEL REY OAKS (211)  
650 CANYON DEL REY BLVD  
DEL REY OAKS, CA 93940  
831-394-8511

CITY OF SOLEDAD (211)  
248 MAIN STREET  
SOLEDAD, CA 93960  
831-223-5000

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

CITY OF SAND CITY (211)  
1 PENDERGRASS WAY  
SAND CITY, CA 93955  
831-394-3054

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

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

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

**STATEMENT 2**  
**FORM RRF-1, PART B, LINE 6**  
**NUMBER AND DATES OF RAFFLES**

ONE RAFFLE HELD ON AUGUST 18, 2024