FEDERAL FORMS

Form 990 2012 Return of Organization Exempt from Income Tax
Schedule A Organization Exempt Under Section 501(c)(3)
Schedule B Schedule of Contributors
Schedule D Schedule D
Schedule G Fundraising or Gaming Activities
Schedule I Grants and Other Assistance Inside U.S.
Schedule O Supplemental Information
Form 8879-EO IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

WALTERS & KONDRA SHEFF, CPA'S
1729 SEABRIGHT AVE. SUITE B
SANTA CRUZ, CA 95062
(831) 429-8617

UNITED WAY OF SANTA CRUZ COUNTY
4450 CAPITOLA ROAD #106
CAPITOLA, CA 95010
831-479-5466

CLIENT COPY
## Part I Summary

1. Briefly describe the organization's mission or most significant activities:
   
   **OUR MOST SIGNIFICANT ACTIVITY IS THE GO FOR HEALTH INITIATIVE, A COMMUNITY PARTNERSHIP THAT HAS SUCCESSFULLY REDUCED CHILDHOOD OBESITY BY CREATING POLICY AND ENVIRONMENT CHANGES GIVING CHILDREN MORE OPPORTUNITIES FOR HEALTHFUL EATING AND FUN, RIGOROUS PHYSICAL ACTIVITY.**

2. Check this box ★ if the organization discontinued its operations or disposed of more than 25% of its net assets.
   
<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,665,641.</td>
<td>3,011,144.</td>
</tr>
<tr>
<td>50,475.</td>
<td>1,275.</td>
</tr>
<tr>
<td>10,114.</td>
<td>7,738.</td>
</tr>
<tr>
<td>63,386.</td>
<td>93,406.</td>
</tr>
<tr>
<td>1,789,616.</td>
<td>3,113,563.</td>
</tr>
</tbody>
</table>

3. Number of voting members of the governing body (Part VI, line 1a):
   
   | 3 |

4. Number of independent voting members of the governing body (Part VI, line 1b):
   
   | 33 |

5. Total number of individuals employed in calendar year 2012 (Part V, line 2a):
   
   | 5 |

6. Total number of volunteers (estimate if necessary):
   
   | 5,000 |

7. Total unrelated business revenue from Part VIII, column (C), line 12:
   
   | 7a 0 |

8. Net unrelated business taxable income from Form 990-T, line 34:
   
   | 7b 0 |

9. Contributions and grants (Part VIII, line 1h).
   
   | 1,665,641. |

10. Program service revenue (Part VIII, line 2g).
    
    | 50,475. |

11. Investment income (Part VIII, column (A), lines 3, 4, and 7d).
    
    | 10,114. |

12. Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9, 10a, and 11e).
    
    | 63,386. |

13. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).
    
    | 1,789,616. |

14. Grants and similar amounts paid (Part IX, column (A), lines 1-3).
    
    | 421,925. |

15. Benefits paid to or for members (Part IX, column (A), line 4).
    
    | 320,000. |

16a. Professional fundraising fees (Part IX, column (A), line 11e).
    
    | 739,944. |

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).
    
    | 598,918. |

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).
    
    | 1,760,787. |

    
    | 28,829. |

20. Total assets (Part X, line 16).
    
    | 1,636,963. |

21. Total liabilities (Part X, line 26).
    
    | 1,605,555. |

22. Net assets or fund balances. Subtract line 21 from line 20.
    
    | 571,408. |

## Part II Signature Block

**Mary L. Goeke**

**Executive Direc**

*Signature of officer*

*Type or print name and title.*

**Max A. Walters**

**-0025207)**

*Paid Preparer Use Only*

**Firm's name**: WALTERS & KONDRASHEFF, CPA'S

**Firm's address**: 1729 SEABRIGHT AVE. SUITE B SANTA CRUZ, CA 95062

**Firm's EIN**: 77-0096938

**Phone no.**: (831) 429-8617

May the IRS discuss this return with the preparer shown above? (see instructions)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>✗</td>
<td></td>
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</tbody>
</table>
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE MISSION OF THE UNITED WAY OF SANTA CRUZ COUNTY IS TO MOBILIZE OUR COMMUNITY TO CREATE OPPORTUNITIES FOR A GOOD LIFE FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ 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 and section 4947(a)(1) trusts 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 $1,301,790, including grants of $X ) (Revenue $X )
UNITED WAY OF SCC PROVIDES PROGRAMS AND ADMINISTRATION SOLUTIONS FOR FIRST 5 OF SANTA CRUZ COUNTY. FIRST 5 SANTA CRUZ COUNTY IMPROVES THE LIVES OF CHILDREN IN THE COMMUNITY WHO NEED THE MOST SUPPORT TO MAKE SURE ALL CHILDREN HAVE THE EARLY EXPERIENCES THEY NEED TO SUCCEED. FIRST 5’S PRIORITIES FALL IN THREE MAJOR GOAL AREAS: CHILDREN ARE HEALTHY; CHILDREN ARE LEARNING AND READY FOR SCHOOL; FAMILIES ARE STRONG; SERVICES ARE FAMILY FRIENDLY.

4b (Code: ) (Expenses $717,781, including grants of $325,536 ) (Revenue $X )
HEALTH CARE OUTREACH - OUTREACH TO FAMILIES ABOUT HEALTH INSURANCE OPTIONS FOR THEIR UNINSURED CHILDREN. ENROLL CHILDREN IN MEDICAL, HEALTH FAMILIES OR HEALTHY KIDS INSURANCE.

4c (Code: ) (Expenses $271,444, including grants of $271,444 ) (Revenue $X )
CAMPAIGN ALLOCATIONS: PROVIDED FUNDING TO LOCAL PARTNER AGENCIES TO ACHIEVE RESULTS IN THE THREE GOAL AREAS THAT ARE ESSENTIAL TO CREATING OPPORTUNITIES FOR A GOOD LIFE FOR ALL: 1.) YOUTH WILL SUCCEED IN SCHOOL AND IN LIFE. 2.) FAMILIES WILL BE FINANCIALLY STABLE AND INDEPENDENT. 3.) RESIDENTS WILL ACHIEVE GOOD HEALTH.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

4e Total program service expenses ▶ 2,291,015.
Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
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<td>20a</td>
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<td>X</td>
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<tr>
<td>20b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
21 Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. ................................................................. 21 X

22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. ................................................................. 22 X

23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. ........................................................................................................... 23 X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25. .................................................................................................................. 24a X

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ........................................................................................................................................... 24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ........................................................................................................... 24c

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? ........................................................................................................................................... 24d

25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. .................................................................................................................. 25a X

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. .................................................................................................................. 25b X

26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. .................................................................................................................. 26 X

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. .................................................................................................................. 27 X

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. .................................................................................................................. 28a X

b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. .................................................................................................................. 28b X

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. .................................................................................................................. 28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If 'Yes,' complete Schedule M. .................................................................................................................. 29 X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule W. .................................................................................................................. 30

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. .................................................................................................................. 31 X

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. .................................................................................................................. 32 X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. .................................................................................................................. 33 X

34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I. .................................................................................................................. 34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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. .................................................................................................................. 35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. .................................................................................................................. 36 X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. .................................................................................................................. 37 X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O. .................................................................................................................. 38 X
### Part V  Statements Regarding Other IRS Filings and Tax Compliance

**Check if Schedule O contains a response to any question in this Part V.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>1a</td>
<td>111</td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.</td>
<td>2a</td>
<td>24</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
</tbody>
</table>

**Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If ‘Yes’ has it filed a Form 990-T for this year? If ‘No,’ provide an explanation in Schedule O.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If ‘Yes,’ enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c If ‘Yes,’ to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b If ‘Yes,’ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If ‘Yes,’ did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If ‘Yes,’ indicate the number of Forms 8282 filed during the year.</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders.</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b If ‘Yes,’ enter the amount of tax-exempt interest received or accrued during the year.</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand.</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b If ‘Yes,’ has it filed a Form 720 to report these payments? If ‘No,’ provide an explanation in Schedule O.</td>
<td>14b</td>
<td></td>
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</tbody>
</table>
Part VI  Governance, Management and Disclosure  For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. ............................................................... [X]

Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year. ........................................... 1a. 33

   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

   b. Enter the number of voting members included in line 1a, above, who are independent ........................................... 1b. 33

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 or 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? .................................................................

5. Did the organization become aware during the year of a significant diversion of the organization's assets? .................................................................

6. Did the organization have members or stockholders? .................................

   a. 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? ........................................... 7a

   b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? ........................................... 7b

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a. The governing body? ......................................................................................................................... 8a

   b. Each committee with authority to act on behalf of the governing body? ........................................... 8b

9. Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ................................................................. X

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

10. Did the organization have local chapters, branches, or affiliates? .............. X

    a. 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? ................................. X

    b. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ................................. X

12. Did the organization have a written conflict of interest policy? If 'No,' go to line 13 ........................................................................................................................................

    a. Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ................................. X

    b. Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done ........................................... X

13. Did the organization have a written whistleblower policy? .......................... X

14. Did the organization have a written document retention and destruction policy? .................................................................................................................................................. X

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

    a. The organization’s CEO, Executive Director, or top management official ........................................... 15a

    b. Other officer of key employees of the organization .............................................................................. 15b

    If ‘Yes’ to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ................................................................. X

    a. 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ................................. X

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed ........ NONE

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

   [ ] Own website  [ ] Another's website  [X] Upon request  [ ] Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization makes 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, physical address, and telephone number of the person who possesses the books and records of the organization:

   [ ] ACCOUNTING DEPARTMENT 4450 CAPITOLA ROAD #106  CAPITOLA CA 95010  831-479-5466

   [ ] TEEA0106L  08/08/12
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

#### Table

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1] Marie Cubillas</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[2] Alan Aman</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[3] John Larse</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[4] Lisa Crivello</td>
<td>[0]</td>
<td>[0]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[5] David Callis</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[6] Rick Hofstetter</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[7] Sally Anderson</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[8] Audra Earle</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[9] Carolyn Coleman</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[10] Patrick Foley</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[12] Tina Shull</td>
<td>[0.1]</td>
<td>[0.1]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[13] Donna Murphy</td>
<td>[2]</td>
<td>[2]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
<tr>
<td>[14] Alan McKay</td>
<td>[2]</td>
<td>[2]</td>
<td>[0.]</td>
<td>[0.]</td>
<td>[0.]</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (including time for related organization)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. KAREN SEMINGSON</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>16. JENNIFER JANES</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>17. KRISTIN DITLEVSEN</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>18. JON DITLEVSEN</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>19. JULIE GIANNOTTA</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>20. ROBERT MURPHY</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>21. TONEE PICARD</td>
<td>2</td>
<td>SECRETARY</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>22. MICHAEL TURPIN</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>23. JACCI STERLING</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>24. NANETTE MICKIEWICZ</td>
<td>2</td>
<td>VP - CAMPAIGN</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>25. JIM WEST</td>
<td>0.1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Sub-total: 229,863. 0. 0. 0.

c Total from continuation sheets to Part VII, Section A: 229,863. 0. 0. 0.
d Total (add lines 1b and 1c): 229,863. 0. 0. 0.

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: 2

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

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.

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.

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization: 0
### Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>Position (check all that apply)</th>
<th>(C)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(D)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOTT MACDONALD</td>
<td>VP RELATIONS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>STEVE SNOGRASS</td>
<td>TREASURER</td>
<td>0</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>MICHAEL WATKINS</td>
<td>DIRECTOR</td>
<td>0.1</td>
<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>BILL TYSSELING</td>
<td>DIRECTOR</td>
<td>0.1</td>
<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>FELIX ROBLES</td>
<td>DIRECTOR</td>
<td>0.1</td>
<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>RON SLACK</td>
<td>DIRECTOR</td>
<td>0.1</td>
<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>BRIAN SPECTOR</td>
<td>DIRECTOR</td>
<td>0</td>
<td>X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>MARY L. GOEKE</td>
<td>EXECUTIVE DIRECTOR</td>
<td>40</td>
<td>X</td>
<td></td>
<td>116,430.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>KAREN SULLIVAN</td>
<td>CFO</td>
<td>40</td>
<td>X</td>
<td></td>
<td>3,591.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>ANGELA CLINE</td>
<td>FORMER CFO</td>
<td>40</td>
<td>X</td>
<td></td>
<td>109,842.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>
**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total Revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lns 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td><strong>3,011,144.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Business Code</strong></td>
<td><strong>561000</strong></td>
<td><strong>1,275.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a FEES FOR SERVICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g Total. Add lines 2a-2f</strong></td>
<td><strong>1,275.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>($i) Real</td>
<td></td>
<td>($ii) Personal</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>($i) Securities</td>
<td>($ii) Other</td>
<td>($iii) Cash</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including contributions reported on line 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Part IV, line 18</td>
<td>93,406.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Business Code</strong></td>
<td><strong>3,113,563.</strong></td>
<td><strong>1,275.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td><strong>1,275.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td><strong>3,113,563.</strong></td>
<td><strong>1,275.</strong></td>
<td></td>
<td><strong>101,144.</strong></td>
</tr>
</tbody>
</table>
### 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 to any question in this Part IX

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>320,000.</td>
<td>320,000.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td>229,862.</td>
<td>157,872.</td>
<td>45,429.</td>
<td>26,561.</td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td>752,584.</td>
<td>516,882.</td>
<td>148,738.</td>
<td>86,964.</td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td>82,603.</td>
<td>53,883.</td>
<td>20,390.</td>
<td>8,330.</td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>202,361.</td>
<td>132,003.</td>
<td>49,952.</td>
<td>20,406.</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>79,067.</td>
<td>51,577.</td>
<td>19,517.</td>
<td>7,973.</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>94,401.</td>
<td>33,379.</td>
<td>45,678.</td>
<td>15,344.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>8,285.</td>
<td>8,285.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>6,899.</td>
<td>150.</td>
<td>6,749.</td>
<td>0.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>612,912.</td>
<td>536,519.</td>
<td>68,909.</td>
<td>7,484.</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td>209,482.</td>
<td>193,275.</td>
<td>10,854.</td>
<td>5,353.</td>
</tr>
<tr>
<td>a Management</td>
<td>162,709.</td>
<td>162,709.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>b Legal</td>
<td>109,202.</td>
<td>73,767.</td>
<td>25,620.</td>
<td>9,815.</td>
</tr>
<tr>
<td>c Accounting</td>
<td>154,232.</td>
<td>58,999.</td>
<td>31,922.</td>
<td>63,311.</td>
</tr>
<tr>
<td>d Lobbying</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>15 Royalties</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>17 Travel</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>20 Interest</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>a PROFESSIONAL FEES</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>b TRAVEL, TRAINING, CONFERENCES</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>c STIPENDS</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>d SUPPLIES</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24.</td>
<td>3,024,599.</td>
<td>2,291,015.</td>
<td>482,043.</td>
<td>251,541.</td>
</tr>
<tr>
<td>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 ☐ if following SOP 98-2 (ASC 958-720)</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
</tr>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
<td>73,679</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>572,076</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>942,956</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(d)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>134,072</td>
</tr>
<tr>
<td>10a</td>
<td>Less: accumulated depreciation</td>
<td>104,941</td>
</tr>
<tr>
<td>11</td>
<td>Investments — publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments — program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>5,780</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,636,963</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>890,706</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,065,555</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 (ASC 958), check here □**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>204,575</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>361,833</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>5,000</td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117 (ASC 958), check here □**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>571,408</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>1,636,963</td>
</tr>
</tbody>
</table>
**Part XI | Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>3,113,563</td>
</tr>
<tr>
<td>2 Total expenses (must equal Part IX, column (A), line 25)</td>
<td>3,024,599</td>
</tr>
<tr>
<td>3 Revenue less expenses. Subtract line 2 from line 1</td>
<td>88,964.</td>
</tr>
<tr>
<td>4 Net assets or fund balances at beginning of year (must equal Part X,</td>
<td>571,408.</td>
</tr>
<tr>
<td>line 33, column (A))</td>
<td></td>
</tr>
<tr>
<td>5 Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6 Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7 Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8 Prior period adjustments</td>
<td>185,281.</td>
</tr>
<tr>
<td>9 Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>10 Net assets or fund balances at end of year. Combine lines 3 through</td>
<td>845,653.</td>
</tr>
<tr>
<td>9 (must equal Part X, line 33, column (B))</td>
<td></td>
</tr>
</tbody>
</table>

**Part XII | Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>X</td>
</tr>
<tr>
<td>Accrual</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>2a Were the organization's financial statements compiled or reviewed by</td>
<td></td>
</tr>
<tr>
<td>an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td>2b Were the organization's financial statements audited by an</td>
<td>X</td>
</tr>
<tr>
<td>independent accountant?</td>
<td></td>
</tr>
<tr>
<td>3a As a result of a federal award, was the organization required to</td>
<td>X</td>
</tr>
<tr>
<td>undergo an audit or audits as set forth in the Single Audit Act and OMB</td>
<td></td>
</tr>
<tr>
<td>Circular A-133?</td>
<td></td>
</tr>
<tr>
<td>3b If 'Yes,' did the organization undergo the required audit or audits?</td>
<td></td>
</tr>
<tr>
<td>If the organization did not undergo the required audit or audits,</td>
<td></td>
</tr>
<tr>
<td>explain why in Schedule O and describe any steps taken to undergo</td>
<td></td>
</tr>
<tr>
<td>such audits.</td>
<td></td>
</tr>
</tbody>
</table>
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. See separate instructions.

Name of the organization

UNITED WAY OF SANTA CRUZ COUNTY

Employer identification number

94-1422471

Part I - Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

1. A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
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).
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).
8. 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)(v).
9. 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).
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
   a. Type I
   b. Type II
   c. Type III – Functionally integrated
   d. Type III – Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization.
   (ii) A family member of a person described in (i) above?
   (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section 509(a)(1) (see instructions))</th>
<th>(iv) Is the organization in column (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) of your support?</th>
<th>(vi) Is the organization in column (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any ‘usual grants.’)</td>
<td>1,754,704</td>
<td>1,325,003</td>
<td>1,502,240</td>
<td>1,665,502</td>
<td>3,011,144</td>
<td>9,258,593</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>1,754,704</td>
<td>1,325,003</td>
<td>1,502,240</td>
<td>1,665,502</td>
<td>3,011,144</td>
<td>9,258,593</td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,258,593.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1,754,704</td>
<td>1,325,003</td>
<td>1,502,240</td>
<td>1,665,502</td>
<td>3,011,144</td>
<td>9,258,593</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>24,825</td>
<td>22,875</td>
<td>10,961</td>
<td>10,114</td>
<td>7,738</td>
<td>76,513</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>61,623</td>
<td>48,614</td>
<td>99,421</td>
<td>113,861</td>
<td>94,681</td>
<td>418,200</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,753,306</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94.93 %</td>
</tr>
<tr>
<td>15 Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94.28 %</td>
</tr>
<tr>
<td>16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the ‘facts-and-circumstances’ test, check this box and stop here. Explain in Part IV how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the ‘facts-and-circumstances’ test, check this box and stop here. Explain in Part IV how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 First five years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2011 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33-1/3% support tests – 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33-1/3% support tests – 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL EVENTS</td>
<td>$ 93,406.</td>
<td>$ 63,386.</td>
<td>$ 36,420.</td>
<td>$ 38,990.</td>
<td>$ 52,216.</td>
</tr>
<tr>
<td>OTHER</td>
<td>$ 1,275.</td>
<td>$ 50,475.</td>
<td>$ 63,001.</td>
<td>$ 9,624.</td>
<td>$ 9,407.</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 94,681.</strong></td>
<td><strong>$ 113,861.</strong></td>
<td><strong>$ 99,421.</strong></td>
<td><strong>$ 48,614.</strong></td>
<td><strong>$ 61,623.</strong></td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF

2012

Name of the organization
UNITED WAY OF SANTA CRUZ COUNTY

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

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

General Rule
☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules
☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

UNITED WAY OF SANTA CRUZ COUNTY 94-1422471
### Part I: Contributors

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>THE PACKARD FOUNDATION</td>
<td>$225,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>300 SECOND STREET</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>LOS ALTOS, CA 94022</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td>COUNTY OF SANTA CRUZ HSA, HRA, &amp; HSD</td>
<td>$351,684</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>1400 EMELINE AVENUE</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>SANTA CRUZ, CA 95060</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td>GRANITE ROCK COMPANY</td>
<td>$135,625</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>PO BOX 50001</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>WATSONVILLE, CA 95077</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td>ROBERT WOOD JOHNSON FOUNDATION</td>
<td>$81,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>P.O. BOX 2316</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>PRINCETON, NJ 08543</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td>FIRST 5 SANTA CRUZ COUNTY</td>
<td>$1,321,790</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>P O BOX 1457</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>CAPITOLA, CA 95010</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>6</td>
<td>DOMINICAN HOSPITAL</td>
<td>$86,160</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>1555 SQUEL DRIVE</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>SANTA CRUZ, CA 95062</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (see instructions)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part I (see instructions) 

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
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<tr>
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<tbody>
<tr>
<td></td>
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<tr>
<th>(a) No. from Part I</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
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<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

BAA
**Part III**  
**Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than $1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Transfer of gift**  
Transferee’s name, address, and ZIP + 4  
Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
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</tbody>
</table>

**Transfer of gift**  
Transferee’s name, address, and ZIP + 4  
Relationship of transferor to transferee

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</table>

**Transfer of gift**  
Transferee’s name, address, and ZIP + 4  
Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
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</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
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</tbody>
</table>

**Transfer of gift**  
Transferee’s name, address, and ZIP + 4  
Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
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<th>Description of how gift is held</th>
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<td>(a)</td>
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<td>(c)</td>
<td>(d)</td>
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</tbody>
</table>
**Supplemental Financial Statements**

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

**Part I**  
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>Part I</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td>(a) Donor advised funds</td>
<td>(b) Funds and other accounts</td>
</tr>
<tr>
<td>2 Aggregate contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Aggregate grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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' to 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 (e.g., recreation or education)
   - 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.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Total number of conservation easements</td>
</tr>
<tr>
<td>b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  
   - Yes □  No □

4 Number of states where property subject to conservation easement is located  
   - Yes □  No □

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, and enforcing conservation easements during the year  
   - Yes □  No □

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
   - Yes □  No □

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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.

<table>
<thead>
<tr>
<th>Part III</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Revenues included in Form 990, Part VIII, line 1</td>
<td>▸ $</td>
</tr>
<tr>
<td>b Assets included in Form 990, Part X</td>
<td>▸ $</td>
</tr>
</tbody>
</table>

1b If the organization elected, as permitted under SFAS 116 (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:

<table>
<thead>
<tr>
<th>Part III</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Revenues included in Form 990, Part VIII, line 1</td>
<td>▸ $</td>
</tr>
<tr>
<td>ii) Assets included in Form 990, Part X</td>
<td>▸ $</td>
</tr>
</tbody>
</table>

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 SFAS 116 (ASC 958) relating to these items:

<table>
<thead>
<tr>
<th>Part III</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Revenues included in Form 990, Part VIII, line 1</td>
<td>▸ $</td>
</tr>
<tr>
<td>b Assets included in Form 990, Part X</td>
<td>▸ $</td>
</tr>
</tbody>
</table>
### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a. Public exhibition
   b. Scholarly research
   c. Preservation for future generations
   d. Loan or exchange programs
   e. Other

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

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

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

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

2 a. Did the organization include an amount on Form 990, Part X, line 21?  
   b. Yes  
   c. No

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

1 a. Beginning of year balance.  
   b. Contributions.  
   c. Net investment earnings, gains, and losses.  
   d. Grants or scholarships.  
   e. Other expenditures for facilities and programs.  
   f. Administrative expenses.  
   g. End of year balance.

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment.  
   b. Permanent endowment.  
   c. Temporarily restricted endowment.

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

3 a. Are there endowment funds not in the possession of the organization that are held and administered for the organization:
   (i) unrelated organizations.  
   (ii) related organizations.  

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

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

### Part VI  Land, Buildings, and Equipment.
See Form 990, Part X, line 10.

#### Description of property

<table>
<thead>
<tr>
<th></th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Land.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Buildings.</td>
<td>16,773.</td>
<td>5,784.</td>
<td>10,989.</td>
<td></td>
</tr>
<tr>
<td>1 c Leasehold improvements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Equipment</td>
<td>117,299.</td>
<td>99,157.</td>
<td>18,142.</td>
<td></td>
</tr>
<tr>
<td>1 e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 a through 1 e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))</td>
<td></td>
<td></td>
<td>29,131.</td>
<td></td>
</tr>
</tbody>
</table>
Part VII Investments — Other Securities. See Form 990, Part X, line 12. N/A

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
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<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
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<td>(H)</td>
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</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)</strong></td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

Part VIII Investments — Program Related. See Form 990, Part X, line 13. N/A

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)</strong></td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

Part IX Other Assets. See Form 990, Part X, line 15. N/A

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)</strong></td>
<td>*</td>
</tr>
</tbody>
</table>

Part X Other Liabilities. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) ALLOCATIONS PAYABLE</td>
<td>280,000.</td>
</tr>
<tr>
<td>(3) DEFERRED EXCHANGE TRANSACTIONS</td>
<td>21,945.</td>
</tr>
<tr>
<td>(4) DESIGNATIONS PAYABLE</td>
<td>221,374.</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
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<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)</strong></td>
<td>523,319.</td>
</tr>
</tbody>
</table>

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE. PART XIII
**Schedule D (Form 990) 2012**

**UNITED WAY OF SANTA CRUZ COUNTY**

**94-1422471**

**Page 4**

---

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

1. Total revenue, gains, and other support per audited financial statements ................................................. 1 3,138,563.
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   - a. Net unrealized gains on investments .............................................................. 2a
   - b. Donated services and use of facilities .......................................................... 2b 25,000.
   - c. Recoveries of prior year grants ........................................................................... 2c
   - d. Other (Describe in Part XIII.) .............................................................................. 2d
e. Add lines 2a through 2d ........................................................................................................ 2e 25,000.
3. Subtract line 2e from line 1 .............................................................................................................. 3 3,113,563.
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.) .............................................................................. 4b
c. Add lines 4a and 4b .................................................................................................................. 4c
5. Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* ........................................................................ 5 3,113,563.

---

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

1. Total expenses and losses per audited financial statements .................................................. 1 3,049,599.
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   - a. Donated services and use of facilities ........................................................................... 2a 25,000.
   - b. Prior year adjustments ................................................................................................. 2b
   - c. Other losses ................................................................................................................... 2c
   - d. Other (Describe in Part XIII.) ...................................................................................... 2d
e. Add lines 2a through 2d ........................................................................................................ 2e 25,000.
3. Subtract line 2e from line 1 .............................................................................................................. 3 3,024,599.
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.) .............................................................................. 4b
c. Add lines 4a and 4b .................................................................................................................. 4c
5. Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* ........................................................................ 5 3,024,599.

---

**Part XIII | Supplemental Information**

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

---

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS IMPLEMENTED NEW ACCOUNTING STANDARDS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, THE ORGANIZATION SHALL INITIALLY

RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS

MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE

SUSTAINED UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE

SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered ‘Yes’ to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.  
* Attach to Form 990 or Form 990-EZ.  
* See separate instructions.

<table>
<thead>
<tr>
<th>Part I: Fundraising Activities. Complete if the organization answered ‘Yes’ to Form 990, Part IV, line 17.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990-EZ filers are not required to complete this part.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</td>
</tr>
<tr>
<td>a</td>
<td>Mail solicitations</td>
</tr>
<tr>
<td>b</td>
<td>Internet and email solicitations</td>
</tr>
<tr>
<td>c</td>
<td>Phone solicitations</td>
</tr>
<tr>
<td>d</td>
<td>In-person solicitations</td>
</tr>
<tr>
<td>e</td>
<td>Solicitation of non-government grants</td>
</tr>
<tr>
<td>f</td>
<td>Solicitation of government grants</td>
</tr>
<tr>
<td>g</td>
<td>Special fundraising events</td>
</tr>
</tbody>
</table>

| 2 | 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?  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>No</td>
</tr>
</tbody>
</table>

| 3 | 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?  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>10</td>
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</tbody>
</table>

**Total** 0.

<table>
<thead>
<tr>
<th>3</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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**OMB No. 1545-0047**

**Open to Public Inspection**

**Name of the organization**

UNITED WAY OF SANTA CRUZ COUNTY

**Employer identification number**

94-1422471

---

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule G (Form 990 or 990-EZ) 2012

**TEEA3701L  01/07/13**

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**CLIENT COPY**
## Part II: Fundraising Events

Complete if the organization answered 'Yes' to 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.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Total Events</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other Events</th>
<th>Total Events (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOLF TOURNAMENT</td>
<td>1</td>
<td>62,826.</td>
<td>16,685.</td>
<td>13,895.</td>
<td>93,406.</td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>(a) Cash prizes</th>
<th>(b) Noncash prizes</th>
<th>(c) Rent/facility costs</th>
<th>(d) Food and beverages</th>
<th>(e) Entertainment</th>
<th>(f) Other direct expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total Direct Expenses:**

| Total direct expenses summary. Add lines 4 through 9 in column (d). | 93,406. |

**Net Income Summary:**

| Net income summary. Combine line 3, column (d), and line 10. | 93,406. |

## Part III: Gaming

Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Expense Summary:**

| Direct expense summary. Add lines 2 through 5 in column (d). | |

**Net Gaming Income Summary:**

| Net gaming income summary. Combine lines 1, column (d) and line 7. | |

Enter the state(s) in which the organization operates gaming activities:

- **Is the organization licensed to operate gaming activities in each of these states?**
  - Yes
  - No

- **Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**
  - Yes
  - No
11 Does the organization operate 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 operated 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 contact 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 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. Complete this part to 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 complete this part to provide any additional information (see instructions).
## Schedule I

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

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

- Attach to Form 990.

### 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 Governments and Organizations in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FAMILY SERVICE AGENCY</td>
<td>94-1422471</td>
<td>501(C)3</td>
<td>40,000</td>
<td>0</td>
<td>Book valuation</td>
<td>N/A</td>
<td>To support social services</td>
</tr>
<tr>
<td>2</td>
<td>SEE ATTACHED LIST</td>
<td></td>
<td>501(C)3</td>
<td>280,000</td>
<td>0</td>
<td>Book valuation</td>
<td>N/A</td>
<td>To support community programs</td>
</tr>
</tbody>
</table>

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

   ![40]

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

   ![0]
### Part III Grants and Other Assistance to Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV Supplemental Information

Complete this part to 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.**

- **THE UNITED WAY OF SANTA CRUZ COUNTY'S FUND DISTRIBUTION PLAN IS BASED ON A THREE YEAR FUNDING CYCLE. EVERY THREE YEARS, OUR AGENCY RELATIONS COMMITTEE REVIEWS OUR FUNDING STRATEGY AND WITH THE ASSISTANCE OF THE SANTA CRUZ COUNTY COMMUNITY ASSESSMENT PROJECT (WWW.SANTACRUZCOUNTYCAP.ORG), THEY DETERMINE IN WHAT AREAS OF THE COMMUNITY THEY WOULD LIKE TO FOCUS OUR RESOURCES. AT THIS POINT, ORGANIZATIONS ARE BOTH RECRUITED AS WELL AS SOLICITED THROUGH AN RFP PROCESS FOR POSSIBLE FUNDING.**

- **OUR THREE GOAL AREAS ARE: 1.) OUR YOUTH WILL SUCCEED IN SCHOOL AND IN LIFE. 2.) OUR FAMILIES WILL BE FINANCIALLY STABLE AND INDEPENDENT. 3.) OUR RESIDENTS WILL ACHIEVE GOOD HEALTH.**
PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

ALLOCATIONS TO PARTNER PROGRAMS ($280,000):

SANTA CRUZ COMMUNITY VENTURES - $14,285
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - $12,143
SANTA CRUZ COMMUNITY COUNSELING CENTER - $17,858
VOLUNTEER CENTER - $17,858
Y.M.C.A., WATSONVILLE - $10,714
HEALTH IMPROVEMENT PARTNERSHIP - $7,143
BIG BROTHERS/BIG SISTERS - $7,143
WALNUT AVENUE WOMEN'S CENTER - $5,000
SANTA CRUZ AIDS PROJECT - $3,572
CATHOLIC CHARITIES - $10,714
SENIOR NETWORK SERVICES - $7,142
HOSPICE OF SANTA CRUZ COUNTY - $7,142
HOPE SERVICES - $12,143
BOYS & GIRLS CLUB - $5,357
O'NEILL SEA ODYSSEY - $3,572
SENIORS COUNCIL - $6,072
PROJECT BIKE TRIP - $3,572
WOMEN'S CRISIS SUPPORT - $6,785
COMMUNITY ACTION BOARD - $14,285
CENTER FOR COMMUNITY ADVOCACY - $3,572
HOMELESS SERVICES CENTER - $8,571
COUNTY OFFICE OF EDUCATION - $8,571
DIENTES - $7,142
SENIOR CITIZENS LEGAL SERVICES - $5,572
ADVOCACY, INC - $3,572
<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Lorenzo Valley Unified School District</td>
<td>$10,000</td>
</tr>
<tr>
<td>Cultural Council (Spectra)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Pajaro Valley Unified School District</td>
<td>$10,000</td>
</tr>
<tr>
<td>Santa Cruz Gardens Elementary</td>
<td>$10,000</td>
</tr>
<tr>
<td>Casa of San Benito County</td>
<td>$5,000</td>
</tr>
<tr>
<td>Girl Scouts</td>
<td>$2,800</td>
</tr>
<tr>
<td>YMCA of San Benito County</td>
<td>$2,500</td>
</tr>
<tr>
<td>Hollister Youth Alliance</td>
<td>$1,250</td>
</tr>
<tr>
<td>San Benito County Arts Council</td>
<td>$1,500</td>
</tr>
<tr>
<td>Emmaus House</td>
<td>$4,500</td>
</tr>
<tr>
<td>Chamberlains Children Center</td>
<td>$3,500</td>
</tr>
<tr>
<td>Del Mar Care Givers</td>
<td>$1,750</td>
</tr>
<tr>
<td>Community Food Bank of SBC</td>
<td>$2,500</td>
</tr>
<tr>
<td>Ag Against Hunger</td>
<td>$3,200</td>
</tr>
<tr>
<td>Jovenes</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

GO FOR HEALTH: THE COMMUNITY PARTNERSHIP STAFFED AND ORGANIZED BY OUR UNITED WAY HAS SUCCEEDED IN ACHIEVING THE INTENDED RESULTS. THE GO FOR HEALTH PARTNERSHIP HAS SUCCESSFULLY REDUCED CHILDHOOD OBESITY THROUGH CREATING POLICY AND ENVIRONMENT CHANGES THAT RESULT IN CHILDREN HAVING MORE OPPORTUNITIES FOR HEALTH EATING AND FUN, RIGOROUS PHYSICAL ACTIVITY.

COMMUNITY ASSESSMENT PROJECT - NATIONALLY AND INTERNATIONALLY RECOGNIZED, THE PROGRAM ANNUALLY MEASURES THE QUALITY OF LIFE OF THE RESIDENTS OF OUR COUNTY BY TRACKING AND REPORTING INDICATORS IN THE AREAS OF ECONOMY, EDUCATION, HEALTH NATURAL ENVIRONMENT, PUBLIC SAFETY AND SOCIAL ENVIRONMENT. IT INCLUDES A BI-ANNUAL HOUSEHOLD SURVEY OF OUR COUNTY’S RESIDENTS’ PERCEPTIONS OF THEIR OWN FAMILY’S WELL-BEING AS WELL AS AN EXTENSIVE COMMUNITY ENGAGEMENT EVERY FIVE YEARS TO SET COLLECTIVE COMMUNITY GOALS FOR IMPROVEMENT IN THE SIX AREAS. AFTER THE COMMUNITY GOALS ARE SET, WE WORK TO ACHIEVE THEM.

TOGETHER FOR YOUTH: A COUNTYWIDE COLLABORATIVE THAT HAS OPERATED SINCE 1977. IT HAS SUCCESSFULLY REDUCED TEEN DRUG AND ALCOHOL USE BY MOBILIZING THE COMMUNITY TO BE AWARE AND ELIMINATE THE FACTORS THAT PUT YOUTH AT RISK OF DRUG AND ALCOHOL USE AND TO INCREASE OPPORTUNITIES FOR HEALTHY ALTERNATIVES. IN FY 2011-12 THE FOCUS OF THE TOWN HALL MEETINGS AND PUBLIC AWARENESS CAMPAIGNS WERE ON THE TWO MOST DESTRUCTIVE SUBSTANCES IN OUR COUNTY: ALCOHOL AND METHAMPHETAMINE.

SANTA CRUZ COUNTY NON-PROFIT EFFECTIVENESS - THIS FUND MAKES GRANTS AVAILABLE TO NON-PROFIT ORGANIZATIONS TO HIRE CONSULTANTS TO ASSIST THEM WITH MERGERS, ADMINISTRATIVE CONSOLIDATIONS AND SHARED PROGRAMMING.
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CHILDREN'S NETWORK - THIS GROUP, APPOINTED BY THE SANTA CRUZ COUNTY BOARD OF SUPERVISORS WORKS TO COORDINATE AND IMPROVE SERVICES TO CHILDREN ACROSS EDUCATION, GOVERNMENT AGENCIES AND NON-PROFIT HEALTH AND HUMAN SERVICES ORGANIZATIONS.

VARIOUS OTHER COMMUNITY BASED PROGRAMS.

2-1-1 IS A CENTRALIZED CLEARINGHOUSE FOR THE PUBLIC TO GET INFORMATION ON HEALTH AND HUMAN SERVICES. CALLERS CAN USE THE EASY-TO-REMEMBER, TOOL-FREE NUMBER, 2-1-1, WHERE A TRAINED SPECIALIST WILL MATCH NEEDS TO LOCAL SERVICES. OR YOU CAN SEARCH THE ONLINE DIRECTORY AT WWW.2-1-1SANTACRUZCOUNTY.COM. IN TIMES OF DISASTER, 2-1-1 PROVIDES UP-TO-DATE INFORMATION ON ROAD CLOSURES, EVACUATION SITES AND TEMPORARY SHELTER, RELIEVING THE BURDEN ON 9-1-1.

HOMELESS ACTION PARTNERSHIP - HAP IS A BROAD COMMUNITY WIDE ACTION TEAM TO IMPLEMENT A CONTINUUM OF CARE STRATEGY FOR RESOLVING HOMELESSNESS. THE HAP'S MISSION IS TO DEVELOP AND IMPLEMENT A COORDINATED SYSTEM OF HOUSING AND SERVICES FOR PREVENTING AND ENDING HOMELESSNESS IN SANTA CRUZ COUNTY.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

FAMILY RELATIONSHIP, DIRECTORS KRISTEN DITLEVSEN AND JON DITLEVSEN

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

THE 990 IS INITIALLY REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE EXECUTIVE DIRECTOR, AND FINALLY A REVIEW IS CONDUCTED WITH A BOARD MEMBER UPON SIGNING.

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

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CODE OF ETHICS THAT PROVIDED TO ALL EMPLOYEES.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A SALARY SURVEY IS COMPLETED AGAINST ALL POSITIONS WITH SALARY RANGES. THE PERSONNEL COMMITTEE APPROVES AND THEN THE BOARD APPROVES THE PAY SCALES - THE ORGANIZATION HAS SEVEN STEPS IN EACH POSITION. EVERYONE IS REVIEWED ANNUALLY AND CAN RECEIVE AN UP TO 6% INCREASE. THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR.

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

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.