

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
September 30, 2014

<b>Prepared for</b>	Spanish Speaking Unity Council of Alameda County, INC. 1900 Fruitvale Ave., Suite 2A Oakland, CA 94601
<b>Prepared by</b>	RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 17, 2015.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

# 2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

Employer identification number

**94-1670490**

Name and title of officer

**MARC-ANDREW AGUILERA  
CFO/COO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>18,602,585.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RINA ACCOUNTANCY CORPORATION to enter my PIN 41555  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94290726968  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 08/06/15

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC. Doing Business As		<b>D Employer identification number</b> 94-1670490
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 FRUITVALE AVE., SUITE 2A		<b>E Telephone number</b> (510) 535-6900
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94601		<b>G Gross receipts \$</b> 18,602,585.
	<b>F Name and address of principal officer:</b> MARC-ANDREW AGUILERA 1900 FRUITVALE AVE -SUITE 2A, OAKLAND, CA 9		<b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
<b>J Website:</b> WWW. UNITYCOUNCIL.ORG			<b>H(c) Group exemption number</b> ▶
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1964 <b>M State of legal domicile:</b> CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>COMMITTED TO ENRICHING THE QUALITY OF LIFE OF FAMILIES IN THE FRUITVALE DISTRICT OF OAKLAND</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... 13
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... 13
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... 343
	6	Total number of volunteers (estimate if necessary) ..... 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34 ..... 0.

		Prior Year	Current Year
		<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... 13,936,441.
<b>9</b>	Program service revenue (Part VIII, line 2g) ..... 3,411,844.	3,567,127.	
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 43,913.	11,567.	
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 0.	0.	
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 17,392,198.	18,602,585.	
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) ..... 0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 9,141,461.	10,230,941.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) ..... 0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 289,824.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 8,690,329.	8,941,481.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 17,831,790.	19,172,422.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... -439,592.	-569,837.	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>20</b>	Total assets (Part X, line 16) ..... 11,527,811.
<b>21</b>	Total liabilities (Part X, line 26) ..... 4,350,332.	6,228,002.	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... 7,177,479.	6,607,640.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date
	MARC-ANDREW AGUILERA, CFO/COO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	HOWARD ZANGWILL		08/06/15
	Firm's name ▶ RINA ACCOUNTANCY CORPORATION	Firm's EIN ▶ 94-3158857	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 475 14TH STREET, SUITE 1200 OAKLAND, CA 94612	Phone no. (510) 893-6908	PTIN P00026968

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
TO HELP FAMILIES AND INDIVIDUALS BUILD WEALTH AND ASSETS THROUGH  
COMPREHENSIVE PROGRAMS OF SUSTAINABLE ECONOMIC, SOCIAL, AND  
NEIGHBORHOOD DEVELOPMENT.

**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 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 \$ 5,830,824. including grants of \$ ) (Revenue \$ 2,780,422.)

REAL ESTATE DEVELOPMENT AND MANAGEMENT DIVISION:  
THE REAL ESTATE DEVELOPMENT AND MANAGEMENT DIVISION HAS SEVERAL  
NEIGHBORHOOD DEVELOPMENT PROGRAMS. POSADA DE COLORES, A LOW-INCOME  
SENIOR HOUSING APARTMENT BUILDING PROVIDES 100 UNITS OF SUBSIDIZED  
HOUSING, AVAILABLE TO ELDERLY, VERY LOW INCOME INDIVIDUALS IN THE CITY  
OF OAKLAND, AND PROVIDES SUPPORT SERVICES TO THESE INDIVIDUALS. THE  
COMMUNITY CULTURAL CENTER INITIATIVE IS A MULTI-YEAR RENOVATION PROJECT  
FOR A 100-YEAR-OLD MASONIC LODGE. THE PURPOSE OF THIS INITIATIVE IS TO  
RENOVATE THE UPPER FLOORS OF THIS BUILDING SO THAT THE AUDITORIUMS AND  
OTHER ROOMS THERE CAN BE USED BY THE COMMUNITY FOR EDUCATIONAL AND  
CULTURAL PROGRAMMING. THE HOME OWNERSHIP CENTER PROVIDES FINANCIAL  
FITNESS AND FIRST-TIME HOMEBUYER EDUCATION, FORECLOSURE PREVENTION

**4b** (Code: ) (Expenses \$ 8,975,095. including grants of \$ ) (Revenue \$ 120,145.)

CHILD DEVELOPMENT DIVISION:  
THE CHILD DEVELOPMENT DIVISION SERVED MORE THAN 880 CHILDREN AND THEIR  
FAMILIES AT SEVEN CHILD DEVELOPMENT CENTERS AND 6 HOME-BASED PROGRAMS  
IN OAKLAND DURING THE FILING YEAR. THE PROGRAM IS PRIMARILY FUNDED BY  
FEDERAL HEAD START AND EARLY HEAD START GRANTS AND SERVES LOW INCOME  
FAMILIES, 90% OF WHICH ARE AT OR BELOW THE FEDERAL POVERTY INCOME  
GUIDELINES. ANCILLARY SERVICES PROVIDED BY THIS PROGRAM INCLUDE HEALTH,  
NUTRITION, DISABILITIES, FAMILY SERVICES AND PARENT ENGAGEMENT.

**4c** (Code: ) (Expenses \$ 2,227,277. including grants of \$ ) (Revenue \$ 625,910.)

COMMUNITY AND FAMILY ASSET DIVISION (CFAD):  
THE COMMUNITY AND FAMILY ASSET DIVISION PROVIDES MULTIPLE SERVICES TO  
THE COMMUNITY. ITS WORKFORCE DEVELOPMENT PROGRAM PROVIDED CAREER  
PLACEMENT SERVICES TO 1,521 CLIENTS DURING THE YEAR, INCLUDING 111 NEW  
PARTICIPANTS, THROUGH ITS ONESTOP CENTER, AND AN INTENSIVE WORKFORCE  
PREPARATION TRAINING PROGRAM TO 25 PEOPLE IN ITS BILINGUAL MEDICAL  
ASSISTANT, MEDICAL SPECIALIST, AND CHRONIC CARE SPECIALIST PROGRAM. THE  
YOUTH SERVICES PROGRAM PROVIDED AFTER-SCHOOL SPORTS PROGRAMMING, AS  
WELL AS TUTORING SERVICES, TO 83 LOW-INCOME TEENS DURING THE YEAR. THE  
AMERICORPS PROGRAM PROVIDES QUALITY COMMUNITY SERVICES OPPORTUNITIES  
FOR ITS PARTICIPANTS. MORE THAN 9 MEMBERS PARTICIPATED IN THE PROGRAM  
DURING THE FILING YEAR. THE BUSINESS ASSISTANCE PROGRAM CONTINUED ITS

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 151,686. including grants of \$ ) (Revenue \$ 40,650.)

**4e** Total program service expenses 17,184,882.

**SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

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**Part IV Checklist of Required Schedules**

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

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**SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	
38		X	

Form 990 (2013)

SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 66		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 343		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</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.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RENONA BROWN - (510) 535-6900**  
**1900 FRUITVALE AVE., SUITE 2A, OAKLAND, CA 94601**



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSARIO DAVALOS CHAIR	1.00	X						0.	0.	0.
(2) VICTOR MARTINEZ VICE-CHAIR	1.00	X						0.	0.	0.
(3) ROSE GARCIA SECRETARY	1.00	X						0.	0.	0.
(4) ISIDRO JIMINEZ DIRECTOR	1.00	X						0.	0.	0.
(5) CHERYL CHAMBERS DIRECTOR	1.00	X						0.	0.	0.
(6) DAVID MATZ AUDIT COMMITTEE CHAIR	1.00	X						0.	0.	0.
(7) ASHUR YOSEPH DIRECTOR	1.00	X						0.	0.	0.
(8) ZENAIDA AGUILERA DIRECTOR	1.00	X						0.	0.	0.
(9) ROMERO GARCIA TREASURER	1.00	X						0.	0.	0.
(10) ASHISH DWAHAN DIRECTOR	1.00	X						0.	0.	0.
(11) SILVIA GUZMAN DIRECTOR	1.00	X						0.	0.	0.
(12) MARIBEL CASTILLO DIRECTOR	1.00	X						0.	0.	0.
(13) RALPH HOLMES DIRECTOR	1.00	X						0.	0.	0.
(14) CHRISTOPHER IGLESIAS CURRENT CEO	25.00 13.00			X				192,863.	0.	13,969.
(15) MARC-ANDREW AGUILERA CURRENT CFO/COO	27.00 13.00			X				0.	0.	0.
(16) GILDA GONZALES TERMED CEO	40.00 0.00			X				115,837.	0.	600.
(17) SOFIA NAVARRO IMMEDIATE PAST COO	35.00 5.00			X				98,711.	0.	1,800.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF PACE TERMED CFO/COO	28.00 12.00			X				136,100.	0.	170.
<b>1b Sub-total</b>								543,511.	0.	16,539.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								543,511.	0.	16,539.

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 **3**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DOUGLAS PARKING 1721 WEBSTER STREET, OAKLAND, CA 94612	PARKING COMPLEX MANAGEMENT SERVICES	133,793.
A2Z MEDIA GROUP, 7979 GATEWAY BLVD, SUITE 110, NEWARK, CA 94560	MEDIA - PROMOTION/OUTREACH	101,869.

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

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,124,352.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,899,539.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			15,023,891.			
	<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	<b>Business Code</b> 532000	2,223,987.	2,223,987.		
<b>b</b> CONTRACT AND SERVICE FEES		624100	1,343,140.	1,343,140.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				3,567,127.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		11,567.			11,567.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			18,602,585.	3,567,127.	0.	11,567.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	471,807.	132,463.	282,952.	56,392.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,323,762.	6,804,764.	395,149.	123,849.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,064.	68,567.	4,777.	720.
9 Other employee benefits	1,673,429.	1,549,217.	107,936.	16,276.
10 Payroll taxes	687,879.	636,821.	44,368.	6,690.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,679,018.	1,203,000.	419,548.	56,470.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,627,536.	1,629,070.	-1,534.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	194,659.	114,452.	80,207.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	459,479.	326,037.	133,442.	
23 Insurance				
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.)				
a <b>PROGRAM AND PARTICIPANT</b>	3,923,702.	3,895,907.	9,757.	18,038.
b <b>OPERATING COSTS</b>	1,034,024.	805,366.	217,769.	10,889.
c <b>BAD DEBT EXPENSE</b>	23,063.	19,218.	3,345.	500.
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	19,172,422.	17,184,882.	1,697,716.	289,824.
26 <b>Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	1,545,898.	<b>2</b>	1,256,147.	
	<b>3</b> Pledges and grants receivable, net .....	1,374,332.	<b>3</b>	2,093,433.	
	<b>4</b> Accounts receivable, net .....	312,127.	<b>4</b>	365,976.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	31,579.	<b>9</b>	91,078.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 14,336,771.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,150,884.	5,349,199.	<b>10c</b>	6,185,887.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,914,676.	<b>15</b>	2,843,121.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,527,811.	<b>16</b>	12,835,642.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,222,621.	<b>17</b>	1,366,616.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	635,341.	<b>19</b>	704,571.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,346,844.	<b>23</b>	3,443,589.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	145,526.	<b>25</b>	713,226.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,350,332.	<b>26</b>	6,228,002.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	4,259,239.	<b>27</b>	3,290,747.	
	<b>28</b> Temporarily restricted net assets .....	819,720.	<b>28</b>	1,168,373.	
	<b>29</b> Permanently restricted net assets .....	2,098,520.	<b>29</b>	2,148,520.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	7,177,479.	<b>33</b>	6,607,640.		
<b>34</b> Total liabilities and net assets/fund balances .....	11,527,811.	<b>34</b>	12,835,642.		

Form 990 (2013)

**SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

Form 990 (2013)

94-1670490 Page 12

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,602,585.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,172,422.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-569,837.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,177,479.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,607,642.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2013)



SPANISH SPEAKING UNITY COUNCIL

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,720,103.	12,020,413.	10,784,537.	13,936,441.	15,023,891.	59,485,385.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7,720,103.	12,020,413.	10,784,537.	13,936,441.	15,023,891.	59,485,385.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						59,485,385.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	7,720,103.	12,020,413.	10,784,537.	13,936,441.	15,023,891.	59,485,385.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	94,847.	70,121.	64,628.	43,913.	11,567.	285,076.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	16,437.	22,591.				39,028.
<b>11 Total support.</b> Add lines 7 through 10						59,809,489.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	18,843,910.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.46	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.22	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** 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).

Lined area for supplemental information with a large diagonal 'COPY' watermark.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

Name of the organization

SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.

Employer identification number

94-1670490

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.	Employer identification number 94-1670490
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	\$ 695,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF OAKLAND - HEADSTART PROGRAM 150 FRANK H OGAWA PLAZA, STE 5352 OAKLAND, CA 94612	\$ 4,751,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF OAKLAND - WIA 250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612	\$ 338,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. HHS - OFFICE OF COMMUNITY SERVICES 5600 FISHER LAND, 11TH FL HEAD WING ROCKVILLE, MD 20852	\$ 3,942,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEIGHBORWORKS AMERICA (NWA) - FED PASS-THRU 1325 G STREET, NW SUITE 800 WASHINGTON, DC 20005	\$ 353,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WELLS FARGO BANK (CITYLIFT) 91 SOUTH 7TH STREET MINNEAPOLIS, MN 55480	\$ 2,140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPANISH SPEAKING UNITY COUNCIL                  OF ALAMEDA COUNTY, INC.</b>	Employer identification number <b>94-1670490</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT - HUD/EDI  P O BOX 23774  WASHINGTON, DC 20026	\$ 400,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.	<b>Employer identification number</b> 94-1670490
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.	<b>Employer identification number</b> 94-1670490
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**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 the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

**Name of the organization** **SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.**

**Employer identification number**  
**94-1670490**

**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.

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

Complete if the organization answered "Yes" 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.

b 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:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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%.

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		484,162.		484,162.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		13,852,609.	8,150,884.	5,701,725.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,185,887.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RESTRICTED CASH DEPOSITS AND RESERVE FOR REPLACEMENTS	748,876.
(2) TENANT SECURTIY DEPOSITS	42,519.
(3) INVESTMENT IN CDLF	148,740.
(4) INVESTMENT IN FTV PHASE II	813,091.
(5) DUE FROM INTERCOMPANY AFFILIATE	485,979.
(6) ADVANCE TO PSC	603,916.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,843,121.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS PAYABLE	39,977.
(3) ACCRUED INTEREST PAYABLE	90,244.
(4) HOME RESCUE LOAN FUND	83,005.
(5) NOTES PAYABLE TO FDC	500,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	713,226.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE UNITY COUNCIL RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN UNCERTAIN TAX POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX AUTHORITY WOULD SUSTAIN THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS MEETING A MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED TO BE REALIZED UPON SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING THE THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE UNITY COUCIL RECOGNIZED INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. INCOME TAX RETURNS FOR THE YEAR PRIOR TO 2009 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHRORITIES. THE UNITY COUNCIL IS RELYING ON ITS TAX EXEMPT STATUS AND ITS ADHERENCE TO ALL

**Part XIII** Supplemental Information (continued)

APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS.

COPY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.** Employer identification number **94-1670490**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2013

**SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

Schedule J (Form 990) 2013

94-1670490

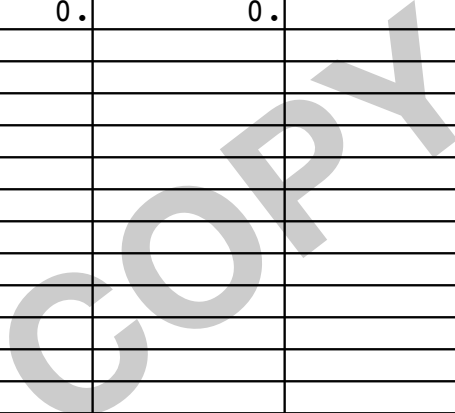
Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER IGLESIAS CURRENT CEO	(i)	180,863.	12,000.	0.	0.	13,969.	206,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							





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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.	Employer identification number 94-1670490
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNSELING, DOWN PAYMENT ASSISTANCE, AND OTHER RELATED SERVICES. THE HOME OWNERSHIP CENTER PROGRAMS PROVIDED SERVICES TO 899 PEOPLE IN 9 COUNTIES THROUGHOUT CALIFORNIA DURING THE FILING YEAR. THE FRUITVALE TRANSIT VILLAGE PHASE II PROJECT IS A MIXED-INCOME, DENSE HOUSING PROJECT TO BE BUILT ADJACENT TO THE FRUITVALE TRANSIT VILLAGE MIXED-USE PROJECT.

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

WORK WITH HUNDREDS OF SMALL BUSINESSES IN THE FRUITVALE NEIGHBORHOOD TO MOBILIZE, IMPROVE THE CLEANLINESS, SAFETY AND PROFILE OF THE NEIGHBORHOOD, AS WELL AS TO IMPROVE THEIR BUSINESSES. THE COMMUNITY AND FAMILY ASSET DEVELOPMENT DIVISION ALSO INVESTIGATES POLICY-LEVEL IMPROVEMENTS TO A CORE, AT-RISK CONSITUENCY THROUGH ITS LATINO MEN AND BOYS PROJECT. THIS PROJECT AIMS TO IMPROVE THE HEALTH AND SAFETY OF BOYS AND YOUNG MEN OF COLOR IN OAKLAND, THROUGH SYSTEMATIC CHANGE AND IMPROVEMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISSION SUPPORT DIVISION:

THE MISSION SUPPORT DIVISION PROVIDES THE FINANCIAL, ADMINISTRATION, AND FUNDRAISING SUPPORT TO THE SERVICE ARMS OF THE ORGANIZATION. IN ADDITION TO THIS CORE FUNCTION, THE MISSION SUPPORT DIVISION ALSO ORGANIZES THE ANNUAL DIA DE LOS MUERTOS CULTURAL FESTIVAL THAT DRAWS 100,000 ATTENDEES TO THE FRUITVALE NEIGHBORHOOD.

EXPENSES \$ 151,686. INCLUDING GRANTS OF \$ 0. REVENUE \$ 40,650.



Name of the organization **SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

Employer identification number  
**94-1670490**

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

THE SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.'S GOVERNING BOARD OF DIRECTORS ESTABLISHED AN AUDIT COMMITTEE TO CAREFULLY REVIEW THE DRAFT 990 FORMS EACH YEAR. THE AUDIT COMMITTEE CONSISTS OF GOVERNING BOARD DIRECTORS WITH SPECIAL EXPERTISE IN FINANCIAL MATTERS, GOVERNMENT AUDITING STANDARDS, AND INFORMATION FILING COMPLIANCE. AFTER ITS CAREFUL REVIEW OF THE DRAFT FORM 990, THE AUDIT COMMITTEE DIRECTS STAFF TO MAKE CHANGES AS NECESSARY AND THEN RECOMMENDS A REVISED/FINAL DRAFT FORM 990 TO THE FULL BOARD OF THE GOVERNING BOARD OF DIRECTORS. ALL MEMBERS OF THAT GOVERNING BOARD CAREFULLY REVIEW THE FINAL FORM 990 AND VOTE TO APPROVE IT, PRIOR TO ITS FILING EACH YEAR.

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

THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES TO ANNUALLY FILE A DISCLOSURE STATEMENT WITH THE ORGANIZATION DESCRIBING ANY INTERESTS THAT COULD GIVE RISE TO POTENTIAL CONFLICTS. IF THERE ARE ANY SUCH DISCLOSURES, THE GOVERNING BOARD REVIEWS THE SPECIFIC SITUATION WITH THE PERSON IN QUESTION TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST EXISTS, THE GOVERNING BOARD TAKES APPROPRIATE ACTION, DEPENDING ON THE NATURE AND MAGNITUDE OF THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REGULARLY SUBSCRIBES TO INDUSTRY SURVEYS FOR SENIOR EXECUTIVES AND SENIOR EXECUTIVE STAFF. THESE SURVEYS ARE CONSULTED WHEN ADJUSTMENTS ARE PROPOSED TO COMPENSATION OF THE ORGANIZATION'S CEO, COO, CFO AND OTHER SENIOR STAFF. PURSUANT TO CALIFORNIA LAW, THE GOVERNING

Name of the organization SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.

Employer identification number 94-1670490

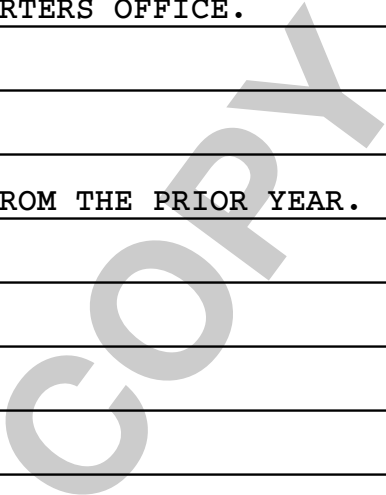
BOARD SETS THE COMPENSATION OF THE CEO AND CFO OF THE ORGANIZATION, FOLLOWING THIS PROCESS.

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

THE ORGANIZATION POSTS ON ITS OWN WEBSITE ALL FORMS 990 FOR A PERIOD OF AT LEAST FIVE YEARS. THESE FORMS ARE POSTED ON THE WEBSITE AS SOON AS THEY ARE FILED. ALL OTHER FORMS (INCLUDING, AS APPLICABLE FORM 1023, FORM 1024, AND FORM 990-T) ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS OFFICE.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.** Employer identification number **94-1670490**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CAPITAL DEVELOPMENT GROUP - 94-2870323 1900 FRUITVALE AVE, 2A OAKLAND, CA 94601	PROVIDE LOW INCOME HOUSING TO ELDERLY AND DISABLED	CALIFORNIA			SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRUITVALE DEVELOPMENT CORPORATION - 94-3235482, 1900 FRUITVALE AVE., STE 2A, OAKLAND, CA 94601	PROGRAM OF ECONOMIC, SOCIAL & NEIGHBORHOOD DEVELOPMENT	CALIFORNIA	501(C)(3)	LINE 9	SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY,	X	
LAS BOUGAINVILLEAS SENIOR HOUSING, INC. - 94-3237225, 1900 FRUITVALE AVE., STE 2A, OAKLAND, CA 94601	MANAGING SENIOR HOUSING FACILITIES	CALIFORNIA	501(C)(3)	LINE 7	SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY,	X	
CASITAS OF HAYWARD - 94-2195269 1900 FRUITVALE AVE., STE 2A OAKLAND, CA 94601	MANAGING SENIOR HOUSING FACILITIES	CALIFORNIA	501(C)(3)	LINE 11B, II	SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY,	X	
PERALTA SERVICES CORPORATION - 94-2294572 1900 FRUITVALE AVE., STE 2A OAKLAND, CA 94601	PROVIDE JOB OPPORTUNITIES FOR DISADVANTAGED INDIVIDUALS	CALIFORNIA	501(C)(3)	LINE 9	SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY,	X	

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

SPANISH SPEAKING UNITY COUNCIL

Schedule R (Form 990) 2013

OF ALAMEDA COUNTY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CASA DE LAS FLORES - 94-2972059, 1900 FRUITVALE AVE, 2A, OAKLAND, CA 94601	REAL ESTATE RENTAL	CA	SPANISH SPEAKING COUNCIL OF ALAMEDA	RELATED				X	N/A	X		50.00%

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

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

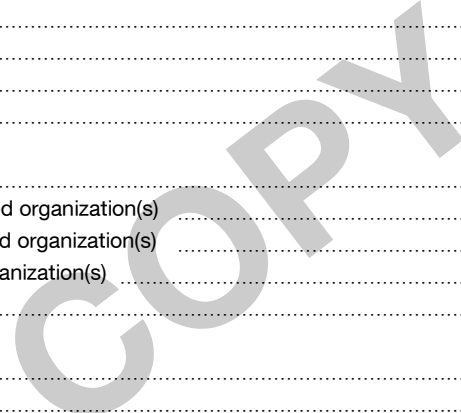
**SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.**

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	



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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRUITVALE DEVELOPMENT CORPORATION	L	305,039.	ADMIN FEES
(2) FRUITVALE DEVELOPMENT CORPORATION	K	682,540.	LEASE EXPENSE
(3) FRUITVALE DEVELOPMENT CORPORATION	R	248,014.	TRANSFERS OF CASH
(4) FRUITVALE DEVELOPMENT CORPORATION	E	500,000.	TRANSFERS OF CASH
(5) PERALTA SERVICES CORPORATION	M	519,294.	MAINT & SECURITY SVCS
(6) PERALTA SERVICES CORPORATION	L	60,439.	MGMNT SERVICES PER CONTRACT

SPANISH SPEAKING UNITY COUNCIL  
OF ALAMEDA COUNTY, INC.

Schedule R (Form 990)

94-1670490

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) CASITAS OF HAYWARD	L	333,603.	MGMT/PAYROLL PER CONTRACT
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

COPY



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

FRUITVALE DEVELOPMENT CORPORATION

DIRECT CONTROLLING ENTITY: SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA  
COUNTY, INC

NAME OF RELATED ORGANIZATION:

LAS BOUGAINVILLEAS SENIOR HOUSING, INC.

DIRECT CONTROLLING ENTITY: SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA  
COUNTY, INC

NAME OF RELATED ORGANIZATION:

CASITAS OF HAYWARD

DIRECT CONTROLLING ENTITY: SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA  
COUNTY, INC

NAME OF RELATED ORGANIZATION:

PERALTA SERVICES CORPORATION

DIRECT CONTROLLING ENTITY: SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA  
COUNTY, INC

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME OF RELATED ORGANIZATION:

CASA DE LAS FLORES

DIRECT CONTROLLING ENTITY: SPANISH SPEAKING COUNCIL OF ALAMEDA



2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS	L				484,162.				484,162.			0.	
2	BUILDINGS AND EQUIPMENT	VARIOUS	SL	20.00		16	13852609.				13852609.	7,691,406.		459,479.	8,150,885.
	* TOTAL 990 PAGE 10 DEPR						14336771.				14336771.	7,691,406.		459,479.	8,150,885.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.</b>	Employer identification number (EIN) or  <b>94-1670490</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1900 FRUITVALE AVE., SUITE 2A</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKLAND, CA 94601</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**RENONA BROWN**

• The books are in the care of  **1900 FRUITVALE AVE., SUITE 2A - OAKLAND, CA 94601**

Telephone No.  **(510) 535-6900** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**.

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension **ADDL TIME**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
September 30, 2014

<b>Prepared for</b>	Spanish Speaking Unity Council of Alameda County, INC. 1900 Fruitvale Ave., Suite 2A Oakland, CA 94601
<b>Prepared by</b>	RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612
<b>Amount due or refund</b>	No payment required
<b>Make check payable to</b>	Not Applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	The Form 199 return has been prepared for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit the return electronically to the FTB and no further action is required.

California Exempt Organization  
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 10/01/2013, and ending (mm/dd/yyyy) 09/30/2014

Corporation/Organization Name <b>SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.</b>		California corporation number <b>0527967</b>
Address (suite, room, or PMB no.) <b>1900 FRUITVALE AVE., SUITE 2A</b>		FEIN <b>94-1670490</b>
City <b>OAKLAND</b>	State <b>CA</b>	ZIP Code <b>94601</b>

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
<b>B</b> Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
<b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
<b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	
<b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
<b>L</b> If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>3,578,694.00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	<b>15,023,891.00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B	<b>4</b>	<b>18,602,585.00</b>
	<b>5</b> Cost of goods sold	<b>5</b>	<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>18,602,585.00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>19,172,422.00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>-569,837.00</b>
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F	<b>11</b>	<b>N/A 00</b>
	<b>12</b> Total payments	<b>12</b>	<b>00</b>
	<b>13</b> Penalties and Interest. See General Instruction J	<b>13</b>	<b>00</b>
	<b>14</b> Use tax. See General Instruction K	<b>14</b>	<b>00</b>
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	<b>15</b>	<b>00</b>

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

Signature of officer	Title <b>CFO/COO</b>	Date	Telephone
Preparer's signature	Date <b>08/06/15</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00026968</b>
Firm's name (or yours, if self-employed) and address <b>RINA ACCOUNTANCY CORPORATION 475 14TH STREET, SUITE 1200 OAKLAND, CA 94612</b>			FEIN <b>94-3158857</b> Telephone <b>(510) 893-6908</b>

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

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	11,567.00	
	3	Dividends	3	00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions)	6	00	
	7	Other income <b>SEE STATEMENT 2</b>	7	3,567,127.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,578,694.00	
	9	Contributions, gifts, grants, and similar amounts paid	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 3</b>	11	471,807.00	
	12	Other salaries and wages	12	7,323,762.00	
	<b>Expenses and Disbursements</b>	13	Interest	13	194,659.00
		14	Taxes	14	687,879.00
		15	Rents	15	1,627,536.00
		16	Depreciation and depletion (See instructions)	16	459,479.00
		17	Other Expenses and Disbursements <b>SEE STATEMENT 4</b>	17	8,407,300.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	19,172,422.00

<b>Schedule L Balance Sheets</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,545,898.		1,256,147.
2	Net accounts receivable		312,127.		365,976.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	<b>a</b> Depreciable assets	12,556,443.		13,852,609.	
	<b>b</b> Less accumulated depreciation	( 7,691,406. )	4,865,037.	( 8,150,884. )	5,701,725.
11	Land		484,162.		484,162.
12	Other assets <b>STMT 5</b>		4,320,587.		5,027,632.
13	<b>Total assets</b>		11,527,811.		12,835,642.
<b>Liabilities and net worth</b>					
14	Accounts payable		1,222,621.		1,366,616.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		2,346,844.		3,443,589.
18	Other liabilities <b>STMT 6</b>		780,867.		1,417,797.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		7,177,479.		6,607,640.
22	<b>Total liabilities and net worth</b>		11,527,811.		12,835,642.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• -569,837.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-569,837.
6	<b>Total.</b> Add line 1 through line 5	-569,837.			

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALAMEDA COUNTY - SENIOR PROGRAM	6955 FOOTHILL BLVD. STE 300 OAKLAND, CA 94605	02/15/14	45,154.
ALAMEDA COUNTY OFFICE OF EDUCATION	313 WEST WINTON AVE. HAYWARD, CA 94544	02/15/14	168,289.
THE CALIFORNIA ENDOWMENT	1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	02/15/14	695,000.
CALIFORNIA DEPT OF EDUCATION - SDE	1430 N STREET, STE 1500 SACRAMENTO, CA 95814	02/15/14	223,522.
CHILDREN'S HOSPITAL & RESEARCH CENTER	747 FIFTY SECOND STREET OAKLAND, CA 94609	02/15/14	37,218.
CITI BANK/CITIGROUP	850 3RD AVENUE, 13TH FLOOR NEW YORK, NY 10043	02/15/14	30,000.
CITY OF OAKLAND - HEADSTART PROGRAM	150 FRANK H OGAWA PLAZA, STE 5352 OAKLAND, CA 94612	02/15/14	4,751,124.
CITY OF OAKLAND - OFCY/OYE	150 FRANK H OGAWA PLAZA, STE 4216 OAKLAND, CA 94612	02/15/14	110,818.
CITY OF OAKLAND - OTHER	250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612	02/15/14	23,000.
CITY OF OAKLAND - SENIOR PROGRAM	150 FRANK H OGAWA PLAZA, STE 4340 OAKLAND, CA 94612	02/15/14	179,212.
CITY OF OAKLAND - STATE PASS-THRU - PRE-K	151 FRANK H. OGAWA PLAZA SUITE 5352 OAKLAND, CA 94612	02/15/14	74,133.
CITY OF OAKLAND - WIA	250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612	02/15/14	338,651.
JP MORGAN CHASE	270 PARK AVENUE NEW YORK, NY 10017	02/15/14	94,000.
KAISER PERMANENTE	P O BOX 12916 OAKLAND, CA 94604	02/15/14	5,000.
LOCAL INITIATIVE SUPPORT CORP - (LISC) FEDHUD PASS-THRU	733 3RD AVE. NEW YORK, NY 10017	02/15/14	73,529.

## SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA

94-1670490

NATIONAL COUNCIL OF LA RAZA (NCLR) - CNCS FED PASS-THRU	1111 19TH ST. NW STE. 1000 WASHINGTON, DC 20036	02/15/14	76,355.
P G & E	77 BEALE STREET SAN FRANCISCO, CA 94105	02/15/14	5,000.
PERALTA COMMUNITY COLLEGE DISTRICT - ATLAS-DOL PASS-THRU	544 WATER ST. OAKLAND, CA 94607	02/15/14	52,926.
SAFEWAY/MARIA SCHABBING	39500 STEVENSON PLACE, #110 FREMONT, CA 94539	02/15/14	6,500.
STATE FARM INSURANCE CO	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	02/15/14	95,000.
STATE FARM MUTUAL AUTOMOBILE INSURANCE CO	3003 OAK ROAD SAN FRANCISCO, CA 94142	02/15/14	7,000.
U.S. HHS - OFFICE OF COMMUNITY SERVICES	5600 FISHER LAND, 11TH FL HEAD WING ROCKVILLE, MD 20852	02/15/14	3,942,900.
UNION BANK	400 CALIFORNIA ST. 8TH FLR. SAN FRANCISCO, CA 94104	02/15/14	20,000.
UNITED WAY OF THE BAY AREA- VITA	1970 BROADWAY, SUITE 600 OAKLAND, CA 94612	02/15/14	18,000.
W & E HAAS FOUNDATION	1 LOMBARD ST. STE. 305 SAN FRANCISCO, CA 94111	02/15/14	40,000.
WELLS FARGO BANK	90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	02/15/14	50,000.
Y & H SODA	1365 SCHOOL ST. MORAGA, CA 94556	02/15/14	60,000.
ALAMEDA COUNTY - OTHER LMB	6955 FOOTHILL BLVD. STE 300 OAKLAND, CA 94605	02/15/14	88,917.
NEIGHBORWORKS AMERICA (NWA) - FED PASS-THRU	1325 G STREET, NW SUITE 800 WASHINGTON, DC 20005	02/15/14	353,903.
LOW INCOME & INVESTMENT FUND	100 PINE ST. STE 1800 SAN FRANCISCO, CA 94111	02/15/14	22,500.
WELLS FARGO BANK (CITYLIFT)	91 SOUTH 7TH STREET MINNEAPOLIS, MN 55480	02/15/14	2,140,000.
CITY OF OAKLAND - OTHER MEASURE Y	250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612	02/15/14	72,646.

## SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA

94-1670490

ALAMEDA COUNTY - OTHER	6955 FOOTHILL BLVD. STE 300 OAKLAND, CA 94605	02/15/14	10,000.
OAKLAND UNIFIED SCHOOL DISTRICT	1000 BROADWAY, SUITE 680 OAKLAND, CA 94607	02/15/14	131,051.
U.S. DEPARTMENT - HUD/EDI	P O BOX 23774 WASHINGTON, DC 20026	02/15/14	400,847.
NORTHERN CALIFORNIA COMM LOAN FUND	870 MARKET STREET, SUITE 677 SAN FRANCISCO, CA 94102	02/15/14	44,720.
JUST CAUSE/CAUSA JUSTA	3268 SAN PABLO AVENUE OAKLAND, CA 94608	02/15/14	22,500.
NATIONAL FAIR HOUSING ACT	1101 VERMONT AVENUE, NW #710 WASHINGTON, DC 20005	02/15/14	255,439.
CLEAR CHANNEL	99 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10016	02/15/14	125,000.
LUTHER BURBANK SAVINGS	1050 FOURTH STREET SAN RAFAEL, CA 94901	02/15/14	15,000.
KENNETH RAININ FND	155 GRAND AVENUE, SUITE 1000 OAKLAND, CA 94612	02/15/14	30,000.
TOTAL INCLUDED ON LINE 3			<u>14,934,854.</u>

FORM 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
CONTRACT AND SERVICE FEES	1,343,140.
RENTAL INCOME	2,223,987.
TOTAL TO FORM 199, PART II, LINE 7	<u>3,567,127.</u>



FORM 199      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES      STATEMENT      3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
ROSARIO DAVALOS 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	CHAIR 1.00	0.
VICTOR MARTINEZ 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	VICE-CHAIR 1.00	0.
ROSE GARCIA 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	SECRETARY 1.00	0.
ISIDRO JIMINEZ 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
CHERYL CHAMBERS 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
DAVID MATZ 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	AUDIT COMMITTEE CHAIR 1.00	0.
ASHUR YOSEPH 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
ZENAIDA AGUILERA 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
ROMERO GARCIA 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	TREASURER 1.00	0.
ASHISH DWAHAN 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
SILVIA GUZMAN 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.

MARIBEL CASTILLO 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
RALPH HOLMES 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR 1.00	0.
ELIZABETH CROCKER 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	DIRECTOR OF CHILDREN/FAM S 40.00	109,783.
CHRISTOPHER IGLESIAS 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	CURRENT CEO 25.00	200,691.
MARC-ANDREW AGUILERA 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	CURRENT CFO/COO 27.00	46,333.
GILDA GONZALES 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	TERMED CEO 40.00	0.
SOFIA NAVARRO 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	IMMEDIATE PAST COO 35.00	115,000.
JEFF PACE 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601	TERMED CFO/COO 28.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>471,807.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
PROGRAM AND PARTICIPANT		3,923,702.	
OPERATING COSTS		1,034,024.	
BAD DEBT EXPENSE		23,063.	
PENSION PLAN CONTRIBUTIONS		74,064.	
OTHER EMPLOYEE BENEFITS		1,673,429.	
OTHER PROFESSIONAL FEES		1,679,018.	
TOTAL TO FORM 199, PART II, LINE 17		<u>8,407,300.</u>	

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,374,332.	2,093,433.	
PREPAID EXPENSES AND DEFERRED CHARGES	31,579.	91,078.	
RESTRICTED CASH DEPOSITS AND RESERVE FOR REPLACEMENTS	648,649.	748,876.	
TENANT SECURITY DEPOSITS	42,485.	42,519.	
ADVANCE TO FDC	248,015.	0.	
INVESTMENT IN CDLF	148,745.	148,740.	
INVESTMENT IN FTV PHASE II	813,091.	813,091.	
DUE FROM INTERCOMPANY AFFILIATE	400,432.	485,979.	
ADVANCE TO PSC	613,259.	603,916.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,320,587.	5,027,632.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS PAYABLE	39,558.	39,977.	
ACCRUED INTEREST PAYABLE	71,254.	90,244.	
HOME RESCUE LOAN FUND	34,714.	83,005.	
NOTES PAYABLE TO FDC	0.	500,000.	
DEFERRED REVENUE	635,341.	704,571.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	780,867.	1,417,797.	

# Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 94-1670490**

Corporation name <b>SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.</b>	California corporation number <b>0527967</b>
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**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California	1	\$25,000						
2 Total cost of IRC Section 179 property placed in service	2							
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000						
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4							
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5							
<table border="1" style="width:100%"> <tr> <th style="width:45%">(a) Description of property</th> <th style="width:20%">(b) Cost (business use only)</th> <th style="width:35%">(c) Elected cost</th> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost						
6								
7 Listed property (elected IRC Section 179 cost)	7							
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8							
9 Tentative deduction. Enter the smaller of line 5 or line 8	9							
10 Carryover of disallowed deduction from prior taxable years	10							
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11							
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12							
13 Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13							

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 LAND	VARIOUS	484,162.		L		0.	
2 BUILDINGS AND EQUIPMENT	VARIOUS	13,852,609.	7,691,406.	SL	20.00	459,479.	
<b>TOTALS</b>		<b>14,336,771.</b>	<b>7,691,406.</b>				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	459,479.

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	459,479.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	459,479.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

**Part IV Amortization**

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

Underpayment of Estimated Tax by Corporations

For calendar year 2013 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation name SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.
California corporation number

Part I Figure the Underpayment

Table with 5 columns: (a), (b), (c), (d) and 7 rows for tax calculation steps from 1 to 7.

Part II Exceptions to the Penalty
If Exception A, line 8a is met for all four installments, do not attach this form to the return.

Table with 10 columns: (check the applicable boxes), Yes, No, Yes, No, Yes, No, Yes, No and 4 rows for exception questions 8a, 8b, 9, 10.

Part III Figure the Penalty If line 7 shows an underpayment for any installment and one of the three exceptions was not met, figure the penalty for that installment by completing line 11 through line 22.

Table with 4 columns and 22 rows for penalty calculation steps from 11 to 22b.

TAXABLE YEAR  
**2013**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC.</b>	Identifying number <b>94-1670490</b>
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	18,602,585.00
2 Total gross income (Form 199, line 8)	2	18,602,585.00
3 Total expenses and disbursements (Form 199, line 9)	3	19,172,422.00

**Part II Settle Your Account Electronically for Taxable Year 2013**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

<b>Sign Here</b>	Signature of Officer _____	Date _____	Title <b>CFO/COO</b>
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN _____
	Firm's name (or yours if self-employed) and address	<b>RINA ACCOUNTANCY CORPORATION</b>			FEIN <b>94-3158857</b>
		<b>475 14TH STREET, SUITE 1200</b>			ZIP Code <b>94612</b>
		<b>OAKLAND, CA</b>			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P00026968</b>	
	Firm's name (or yours if self-employed) and address	<b>RINA ACCOUNTANCY CORPORATION</b>			FEIN <b>94-3158857</b>
		<b>475 14TH STREET, SUITE 1200</b>			ZIP Code <b>94612</b>
		<b>OAKLAND, CA</b>			

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

September 30, 2014

<b>Prepared for</b>	Spanish Speaking Unity Council of Alameda County, INC. 1900 Fruitvale Ave., Suite 2A Oakland, CA 94601
<b>Prepared by</b>	RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612
<b>Mail tax return to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	August 17, 2015
<b>Special Instructions</b>	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$225 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

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

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

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

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

State Charity Registration Number: <b>CT 2</b>  <b>SPANISH SPEAKING UNITY COUNCIL          OF ALAMEDA COUNTY, INC.</b> <small>Name of Organization</small> <b>1900 FRUITVALE AVE., SUITE 2A</b> <small>Address (Number and Street)</small> <b>OAKLAND, CA 94601</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0527967</u>  Federal Employer I.D. No. <u>94-1670490</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 10/01/2013 ending 09/30/2014 ) list:  
 Gross annual revenue \$ 18,602,585. Total assets \$ 12,835,642.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <b>SEE STATEMENT 7</b>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (510) 535-6900

Organization's e-mail address RBROWN@UNITYCOUNCIL.ORG

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

**MARC-ANDREW AGUILERA** **CFO/COO**

Signature of authorized officer Printed Name Title Date



FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 7

1. CITY OF OAKLAND - FEDERAL, COUNTY & STATE PASS-THRU/CITY DIRECT  
150 FRANK H OGAWA PLAZA, OAKLAND, CA 94612  
NEIL VALLE 510.238.6796
2. COUNTY OF ALAMEDA - DEPT OF AGING - FEDERAL PASS -THRU  
6955 FOOTHILL BLVD., OAKLAND, CA 94605  
KAREN BRIDGES 510.577.3536
3. ALAMEDA COUNTY OFFICE OF EDUCATION  
313 WEST WINTON AVENUE, HAYWARD, CA 94544  
JOHN FLORES 510.670.4220
4. CALIFORNIA DEPT OF EDUCATION - FED PASS-THRU  
1430 N STREET, SUITE 1500, SACRAMENTO, CA 95814  
916.445.0850
5. CA EMP DEV DEPT - FEDERAL DOL-THRU  
P O BOX 826880 SACRAMENTO, CA 94280  
APRIL EELS 916.653.9150
6. U. S. HHS - OFFICE OF COMMUNITY SERVICES - DIV OF PAYMENT MGMT  
5600 FISHER LANE, 11TH FLR HEAD WING, ROCKVILLE, MD 20852  
DAVID COLANGELI 301.443.5385
7. U. S. DEPARTMENT OF LABOR  
90 SEVENTH ST, STE 17-300, SAN FRANCISCO, CA 94103  
ELINA FANDUNTS 415.625.7968
8. U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
P O BOX 23774, WASHINGTON, DC 20026  
JANET SMITH 714.796.1200
9. PERALTA COMMUNITY COLLEGES/ATLAS - DOL PASS-THRU  
544 WATER STREET, OAKLAND, CA 94607  
BILL GRAVELLE
10. NEIGHBORWORKS OF AMERICA - US DEPT OF TREASURY PASS-THRU  
1325 G STREET, NW SUITE 800, WASHINGTON, DC 20005  
202.220.2300
11. OAKLAND PIC - DOL PASS-THRU  
1212 BROADWAY, SUITE 300, OAKLAND, CA 94612
12. LOCAL INITIATIVES SUPPORT CORPORATION - HUD PASS-THRU  
369 PINE STREET, STE 350, SAN FRANCISCO, CA 94104  
MARSHA MURRINGTON 415.397.7322