

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
September 30, 2015

| | |
|---|--|
| Prepared for | Spanish Speaking Unity Council of Alameda County, INC. 1900 Fruitvale Ave., Suite 2A Oakland, CA 94601 |
| Prepared by | RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible. |

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

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

Employer identification number

94-1670490

Name and title of officer

**CHRISTOPHER IGLESIAS
CEO**

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.

| | | |
|---|--|------------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>19,787,166.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

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 2014 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 2014 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 2014 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.

94290776247

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 ▶ _____

**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)

2014
Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 FRUITVALE AVE., SUITE 2A City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94601 | D Employer identification number 94-1670490 E Telephone number (510) 535-6900 |
| F Name and address of principal officer: CHRISTOPHER IGLESIAS 1900 FRUITVALE AVE -SUITE 2A, OAKLAND, CA 9 | | G Gross receipts \$ 19,787,166. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.UNITYCOUNCIL.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1964 M State of legal domicile: CA |

Part I Summary

| | | | |
|---|--|---|------------------------------------|
| 1 | Briefly describe the organization's mission or most significant activities: COMMITTED TO ENRICHING THE QUALITY OF LIFE OF FAMILIES IN THE FRUITVALE DISTRICT OF OAKLAND | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 343 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 15,023,891. | Current Year 15,748,266. |
| | 9 Program service revenue (Part VIII, line 2g) | 3,567,127. | 4,025,003. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,567. | 2,291. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 11,606. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 18,602,585. | 19,787,166. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 10,230,941. | 9,932,317. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 248,305. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,941,481. | 6,949,538. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 19,172,422. | 16,881,855. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -569,837. | 2,905,311. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 12,835,642. | End of Year 14,605,698. |
| | 21 Total liabilities (Part X, line 26) | 6,228,002. | 5,017,965. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 6,607,640. | 9,587,733. |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer CHRISTOPHER IGLESIAS, CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name HOWARD ZANGWILL | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00026968 |
| | Firm's name ▶ RINA ACCOUNTANCY CORPORATION Firm's address ▶ 475 14TH STREET, SUITE 1200 OAKLAND, CA 94612 | Firm's EIN ▶ 94-3158857 Phone no. (510) 893-6908 |

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

SPANISH SPEAKING UNITY COUNCIL
OF ALAMEDA COUNTY, INC.

Form 990 (2014)

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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 \$ 3,273,092. including grants of \$) (Revenue \$ 3,244,872.)
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 PROVIDED FINANCIAL
FITNESS AND FIRST-TIME HOMEBUYER EDUCATION, FORECLOSURE PREVENTION**

4b (Code:) (Expenses \$ 9,612,834. including grants of \$) (Revenue \$ 113,803.)
CHILD DEVELOPMENT DIVISION:
**THE CHILD DEVELOPMENT DIVISION SERVED MORE THAN 1,100 CHILDREN AND
THEIR FAMILIES AT SEVEN CHILD DEVELOPMENT CENTERS AND 4 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 \$ 2,321,707. including grants of \$) (Revenue \$ 643,758.)
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 861 CLIENTS
DURING THE YEAR, INCLUDING 456 NEW PARTICIPANTS, THROUGH ITS ONE-STOP
CENTER, AND AN INTENSIVE WORKFORCE PREPARATION TRAINING PROGRAM TO 5
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 82
LOW-INCOME TEENS DURING THE YEAR. THE AMERICORPS PROGRAM PROVIDES
QUALITY COMMUNITY SERVICES OPPORTUNITIES FOR ITS PARTICIPANTS. FOUR
MEMBERS PARTICIPATED IN THE PROGRAM DURING THE FILING YEAR. THE**

4d Other program services (Describe in Schedule O.)
(Expenses \$ 114,344. including grants of \$) (Revenue \$ 34,176.)

4e Total program service expenses **15,321,977.**

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

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in 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? | | |

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

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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 |
| 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 |
| 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 |
| 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 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| Note. All Form 990 filers are required to complete Schedule O | X | |

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

Form 990 (2014)

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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 |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | X | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Form 990 (2014)

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

Form 990 (2014)

94-1670490 Page **6**

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 |
|--|-----------|----|----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a | 13 | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | | X |

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

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

Section C. Disclosure

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

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

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) RALPH HOLMES 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) ZENAIDA AGUILERA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) ROMERO GARCIA TREASURER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) ASHISH DWAHAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) SYLVIA GUZMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) MARIBEL CASTILLO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) CLAUDIA BURGOS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) ROSS OJEDA DIRECTOR | 35.00 5.00 | X | | | | | 85,573. | 0. | 4,600. | |
| (14) CHRISTOPHER IGLESIAS CHIEF EXECUTIVE OFFICER | 25.00 13.00 | | | X | | | 199,661. | 0. | 9,822. | |
| (15) MARC-ANDREW AGUILERA CFO/COO | 27.00 13.00 | | | X | | | 70,932. | 0. | 0. | |
| (16) SOFIA NAVARRO IMMEDIATE PAST COO | 35.00 5.00 | | | X | | | 112,883. | 0. | 1,725. | |
| (17) ERIN PATCH EXECUTIVE VICE PRESIDENT | 15.00 25.00 | | | X | | | 95,926. | 0. | 4,833. | |

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

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) ELIZABETH CROCKER DIRECTOR OF CHILDREN/FAM S | 40.00 | | | X | | | | 99,125. | 0. | 2,579. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 664,100. | 0. | 23,559. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 664,100. | 0. | 23,559. |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------------|---------------------|
| PERALTA SERVICES CORPORATION, 1900 FRUITVALE AVE., SUITE 2-A, OAKLAND, CA | MAINTENANCE AND SECURITY SERVICES | 537,074. |
| CPC CONSTRUCTION 2777 ALVARADO STREET, SAN LEANDRO, CA 94577 | CONSTRUCTION SERVICES | 470,000. |
| BBI CONSTRUCTION, 1155 THIRD STREET, SUITE 230, OAKLAND, CA 94607 | CONSTRUCTION SERVICES | 378,119. |
| CAMBRIDGE COMMUNITY CENTER 1146 LACEY LANE, CONCORD, CA 94520 | CHILD CARE SERVICES | 350,199. |
| CONCORD CHILD CARE CENTER, INC 1360 DETROIT AVE., CONCORD, CA 94520 | CHILD CARE SERVICES | 204,200. |

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 **5**

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

Form 990 (2014)

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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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|--|----------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 11,281,597. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,466,669. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 15,748,266. | | | | |
| Program Service Revenue | 2 a RENTAL INCOME | Business Code 532000 | 2,322,965. | 2,322,965. | | | |
| | b CONTRACT AND SERVICE FEES | 624100 | 1,702,038. | 1,702,038. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 4,025,003. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,291. | | | 2,291. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a OTHER REVENUE | 531310 | 11,606. | 11,606. | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 11,606. | | | | |
| 12 Total revenue. See instructions. | | 19,787,166. | 4,036,609. | 0. | 2,291. | | |

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Form **990** (2014)

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

Form 990 (2014)

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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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 695,990. | 430,280. | 187,190. | 78,520. |
| 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 Other salaries and wages | 6,802,110. | 6,534,307. | 254,212. | 13,591. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 2,434,217. | 2,337,265. | 86,925. | 10,027. |
| 10 Payroll taxes | | | | |
| 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.) | 1,520,103. | 1,187,932. | 311,483. | 20,688. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,667,193. | 1,662,872. | 4,321. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 184,348. | 100,071. | 84,277. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 582,415. | 424,434. | 157,981. | |
| 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 PROGRAM AND PARTICIPANT | 2,022,829. | 1,896,686. | 5,642. | 120,501. |
| b OPERATING COSTS | 972,650. | 748,130. | 219,542. | 4,978. |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 16,881,855. | 15,321,977. | 1,311,573. | 248,305. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

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

Form 990 (2014)

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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 | |
|---|--|--------------------------|-------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | | 1 | | |
| | 2 Savings and temporary cash investments | 1,256,147. | 2 | 2,901,185. | |
| | 3 Pledges and grants receivable, net | 2,093,433. | 3 | 1,459,581. | |
| | 4 Accounts receivable, net | 365,976. | 4 | 294,898. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 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 | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | 91,078. | 9 | 143,170. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 15,589,899. | | | |
| | b Less: accumulated depreciation | 8,733,302. | 10c | 6,856,597. | |
| | 11 Investments - publicly traded securities | | 11 | | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 2,843,121. | 15 | 2,950,267. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 12,835,642. | 16 | 14,605,698. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,366,616. | 17 | 1,490,029. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 704,571. | 19 | 97,646. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,443,589. | 23 | 2,384,620. | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 1,045,670. | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 713,226. | 25 | 0. | |
| | 26 Total liabilities. Add lines 17 through 25 | 6,228,002. | 26 | 5,017,965. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 3,290,747. | 27 | 3,677,781. | |
| | 28 Temporarily restricted net assets | 1,168,373. | 28 | 3,761,432. | |
| | 29 Permanently restricted net assets | 2,148,520. | 29 | 2,148,520. | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | 6,607,640. | 33 | 9,587,733. | |
| | 34 Total liabilities and net assets/fund balances | 12,835,642. | 34 | 14,605,698. | |

Form **990** (2014)

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

Part XI Reconciliation of Net Assets

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

| | | |
|--|-----------|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 19,787,166. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 16,881,855. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,905,311. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,607,640. |
| 5 Net unrealized gains (losses) on investments | 5 | |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | 74,782. |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,587,733. |

Part XII Financial Statements and Reporting

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

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

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 12,020,413. | 10,784,537. | 13,936,441. | 15,023,891. | 15,748,266. | 67,513,548. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 12,020,413. | 10,784,537. | 13,936,441. | 15,023,891. | 15,748,266. | 67,513,548. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 67,513,548. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 12,020,413. | 10,784,537. | 13,936,441. | 15,023,891. | 15,748,266. | 67,513,548. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 70,121. | 64,628. | 43,913. | 11,567. | 2,291. | 192,520. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 22,591. | | | | 11,606. | 34,197. |
| 11 Total support. Add lines 7 through 10 | | | | | | 67,740,265. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 19,854,941. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.67 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 99.46 % |
| 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

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

Section B. Total Support

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

14 First 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

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

SPANISH SPEAKING UNITY COUNCIL

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

SPANISH SPEAKING UNITY COUNCIL

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

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

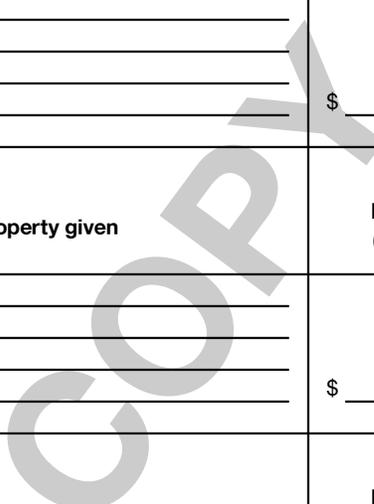
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | CITY OF OAKLAND - HEADSTART PROGRAM 150 FRANK H OGAWA PLAZA, STE 5352 OAKLAND, CA 94612 | \$ 4,988,107. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | CITY OF OAKLAND - WIA 250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612 | \$ 317,107. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | SAN FRANCISCO FOUNDATION 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104 | \$ 3,062,500. | 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 | \$ 3,865,835. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY, SUITE 680 OAKLAND, CA 94607 | \$ 401,383. | 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.) |

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

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 |
|------------------------------|--|--|----------------------|
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |



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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2014

94-1670490 Page **3**

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) | | |
| Total. (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) | | |
| Total. (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) DEPOSITS | 41,685. |
| (2) DUE FROM INTERCOMPANY AFFILIATE | 479,371. |
| (3) INVESTMENT IN CASA DE LAS FLORES/CASA VELASCO | 148,737. |
| (4) INVESTMENT IN FRUITVALE VILLAGE PHASE II | 813,091. |
| (5) ADVANCE TO PSC - SNAP PROGRAM | 592,323. |
| (6) RESTRICTED CASH DEPOSITS AND RESERVE FOR REPLACEMENTS | 875,060. |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,950,267. |

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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

Schedule D (Form 990) 2014

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.

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

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.

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

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.

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> 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 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 | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> 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 | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" to line 6a or 6b, describe in Part III. | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2014

SPANISH SPEAKING UNITY COUNCIL
OF ALAMEDA COUNTY, INC.

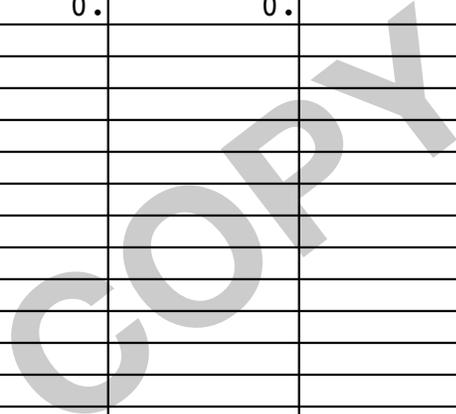
94-1670490

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHRISTOPHER IGLESIAS CHIEF EXECUTIVE OFFICER | (i) | 188,970. | 10,691. | 0. | 0. | 9,822. | 209,483. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

SPANISH SPEAKING UNITY COUNCIL
OF ALAMEDA COUNTY, INC.

Employer identification number
94-1670490

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

COUNSELING, DOWN PAYMENT ASSISTANCE AND OTHER RELATED SERVICES TO 198

PEOPLE IN 9 COUNTIES THROUGHOUT CALIFORNIA DURING THE FILING YEAR.

DURING THE YEAR, THE HOMEOWNERSHIP CENTER COMPLETED A 3-YEAR DOWN

PAYMENT ASSISTANCE PROGRAM, WHICH PROVIDED

\$5,000,000 TO 250 CLIENTS OVER THE PROGRAM PERIOD. ADDITIONALLY, THE

CENTER COMPLETED AN OAKLAND-BASED HOMEOWNER REHABILITATION PROGRAM

THAT ALLOWED 26 CLIENTS TO REMAIN IN THEIR HOMES. THE FRUITVALE TRANSIT

VILLAGE PHASE II PROJECT IS A MIXED-INCOME, DENSE HOUSING PROJECT TO BE

BUILT ADJACENT TO THE FRUITVALE TRANSIT VILLAGE.

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

BUSINESS IMPROVEMENT DISTRICT PROGRAM CONTINUED ITS WORK WITH OVER 390

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

CONSTITUENCY 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, HAVING SERVED 200

DURING THE FILING YEAR.

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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

ADDITION TO THIS CORE FUNCTION, THE MISSION SUPPORT DIVISION ALSO ORGANIZES THE ANNUAL DIA DE LOS MUERTOS CULTURAL FESTIVAL THAT DRAWS 75,000 ATTENDEES TO THE FRUITVALE NEIGHBORHOOD. EXPENSES \$ 114,344. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,176.

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:

432212
08-27-14

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

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 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 XI, LINE 8

RESTATEMENT TO REFLECT CAPITALIZATION OF PRE-CONSTRUCTION COSTS.

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.

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

OMB No. 1545-0047

2014

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 |
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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) 2014

SEE PART VII FOR CONTINUATIONS

**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 |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | X | |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s 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 | 354,669. | ADMIN FEES |
| (2) FRUITVALE DEVELOPMENT CORPORATION | K | 642,789. | LEASE EXPENSE |
| (3) PERALTA SERVICES CORPORATION | M | 490,141. | MAINT & SECURITY SVCS |
| (4) CASITAS OF HAYWARD | L | 347,083. | MGMT/PAYROLL PER CONTRACT |
| (5) FRUITVALE DEVELOPMENT CORPORATION | E | 307,000. | TRANSFERS OF CASH |
| (6) PERALTA SERVICES CORPORATION | L | 58,842. | MGMT SERVICES-CONTRACT |

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

September 30, 2015

| | |
|---|--|
| Prepared for | Spanish Speaking Unity Council of Alameda County, INC. 1900 Fruitvale Ave., Suite 2A Oakland, CA 94601 |
| Prepared by | RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612 |
| Amount due or refund | No payment required |
| Make check payable to | Not Applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB. |

2014

California Exempt Organization Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **10/01/2014**, and ending (mm/dd/yyyy) **09/30/2015**

Corporation/Organization Name
**SPANISH SPEAKING UNITY COUNCIL
OF ALAMEDA COUNTY, INC.**

California corporation number
0527967

Additional Information. See instructions.
FEIN
94-1670490

Street address (suite or room)
1900 FRUITVALE AVE., SUITE 2A

PMB no.

City
OAKLAND

State
CA

ZIP code
94601

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return Yes No

B Amended Return Yes No

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

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

E Check accounting method:
 (1) Cash (2) Accrual (3) Other

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

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

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

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

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

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

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

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

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

P Is an IRS Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

| | | | | |
|-----------------------|----|--|----|---------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 4,038,900.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 15,748,266.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4 | 19,787,166.00 |
| | 5 | Cost of goods sold | 5 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 19,787,166.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 16,881,855.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 2,905,311.00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | N/A 00 |
| | 12 | Total payments | 12 | 00 |
| | 13 | Penalties and Interest. See General Instruction J | 13 | 00 |
| | 14 | Use tax. See General Instruction K | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 00 |

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

Sign Here

Signature of officer **CEO** Title Date

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed

Firm's name (or yours, if self-employed) and address
RINA ACCOUNTANCY CORPORATION
475 14TH STREET, SUITE 1200
OAKLAND, CA 94612

Telephone
94-3158857
(510) 893-6908

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

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

| | | | | | |
|------------------------------------|----|--|---|----|---------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 00 |
| | 2 | Interest | • | 2 | 2,291.00 |
| | 3 | Dividends | • | 3 | 00 |
| | 4 | Gross rents | • | 4 | 00 |
| | 5 | Gross royalties | • | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | 00 |
| | 7 | Other income | • | 7 | 4,036,609.00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 4,038,900.00 |
| | 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 | • | 11 | 695,990.00 |
| | 12 | Other salaries and wages | • | 12 | 6,802,110.00 |
| | 13 | Interest | • | 13 | 184,348.00 |
| | 14 | Taxes | • | 14 | 00 |
| | 15 | Rents | • | 15 | 1,667,193.00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 582,415.00 |
| | 17 | Other Expenses and Disbursements | • | 17 | 6,949,799.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 16,881,855.00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|-------------|---------------------|-------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 1,256,147. | | 2,901,185. |
| 2 | Net accounts receivable | | 365,976. | | 294,898. |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments | | | | |
| 10 | a Depreciable assets | 13,852,609. | | 15,105,737. | |
| | b Less accumulated depreciation | (8,150,884.) | 5,701,725. | (8,733,302.) | 6,372,435. |
| 11 | Land | | 484,162. | | 484,162. |
| 12 | Other assets STMT 5 | | 5,027,632. | | 4,553,018. |
| 13 | Total assets | | 12,835,642. | | 14,605,698. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 1,366,616. | | 1,490,029. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | 3,443,589. | | 2,384,620. |
| 18 | Other liabilities STMT 6 | | 1,417,797. | | 1,143,316. |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 6,607,640. | | 9,587,733. |
| 22 | Total liabilities and net worth | | 12,835,642. | | 14,605,698. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|---|---|------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 | Net income per books | • | 2,980,093. |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year | • | |
| 5 | Expenses recorded on books this year not deducted in this return | • | |
| 6 | Total. Add line 1 through line 5 | • | 2,980,093. |
| 7 | Income recorded on books this year not included in this return. STMT 7 | • | 74,782. |
| 8 | Deductions in this return not charged against book income this year | • | |
| 9 | Total. Add line 7 and line 8 | • | 74,782. |
| 10 | Net income per return. Subtract line 9 from line 6 | • | 2,905,311. |

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---|--|--------------|------------|
| ALAMEDA COUNTY - SENIOR PROGRAM | 6955 FOOTHILL BLVD. STE 300 OAKLAND, CA 94605 | 02/15/16 | 31,942. |
| ALAMEDA COUNTY OFFICE OF EDUCATION | 313 WEST WINTON AVE. HAYWARD, CA 94544 | 02/15/16 | 148,527. |
| THE CALIFORNIA ENDOWMENT | 1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012 | 02/15/16 | 55,000. |
| CALIFORNIA DEPT OF EDUCATION - SDE | 1430 N STREET, STE 1500 SACRAMENTO, CA 95814 | 02/15/16 | 256,111. |
| CHILDREN'S HOSPITAL & RESEARCH CENTER | 747 FIFTY SECOND STREET OAKLAND, CA 94609 | 02/15/16 | 29,781. |
| CITI BANK/CITIGROUP | 850 3RD AVENUE, 13TH FLOOR NEW YORK, NY 10043 | 02/15/16 | 75,000. |
| CITY OF OAKLAND - HEADSTART PROGRAM | 150 FRANK H OGAWA PLAZA, STE 5352 OAKLAND, CA 94612 | 02/15/16 | 4,988,107. |
| CITY OF OAKLAND - OFCY/OYE | 150 FRANK H OGAWA PLAZA, STE 4216 OAKLAND, CA 94612 | 02/15/16 | 101,343. |
| CITY OF OAKLAND - OTHER | 250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612 | 02/15/16 | 10,000. |
| CITY OF OAKLAND - SENIOR PROGRAM | 150 FRANK H OGAWA PLAZA, STE 4340 OAKLAND, CA 94612 | 02/15/16 | 171,654. |
| CITY OF OAKLAND - WIA | 250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612 | 02/15/16 | 317,107. |
| CLOROX | 4333 BANDINI BLVD. VERNON, CA 90058 | 02/15/16 | 7,500. |
| JP MORGAN CHASE | 270 PARK AVENUE NEW YORK, NY 10017 | 02/15/16 | 176,000. |
| KAISER PERMANENTE | P O BOX 12916 OAKLAND, CA 94604 | 02/15/16 | 80,000. |
| LOCAL INITIATIVE SUPPORT CORP - (LISC) FEDHUD PASS-THRU | 733 3RD AVE. NEW YORK, NY 10017 | 02/15/16 | 102,017. |

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 | 02/15/16 | 33,741. |
| P G & E | 77 BEALE STREET SAN FRANCISCO, CA 94105 | 02/15/16 | 30,000. |
| SAN FRANCISCO FOUNDATION | 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104 | 02/15/16 | 3,062,500. |
| STATE FARM INSURANCE CO | ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 | 02/15/16 | 80,000. |
| U.S. HHS - OFFICE OF COMMUNITY SERVICES | 5600 FISHER LAND, 11TH FL HEAD WING ROCKVILLE, MD 20852 | 02/15/16 | 3,865,835. |
| UNITED WAY OF THE BAY AREA- VITA | 1970 BROADWAY, SUITE 600 OAKLAND, CA 94612 | 02/15/16 | 36,025. |
| W & E HAAS FOUNDATION | 1 LOMBARD ST. STE. 305 SAN FRANCISCO, CA 94111 | 02/15/16 | 10,000. |
| WELLS FARGO BANK | 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479 | 02/15/16 | 25,000. |
| Y & H SODA FOUNDATION | 1365 SCHOOL ST. MORAGA, CA 94556 | 02/15/16 | 165,000. |
| ALAMEDA COUNTY - OTHER LMB | 6955 FOOTHILL BLVD. STE 300 OAKLAND, CA 94605 | 02/15/16 | 188,535. |
| NEIGHBORWORKS AMERICA (NWA) - FED PASS-THRU | 1325 G STREET, NW SUITE 800 WASHINGTON, DC 20005 | 02/15/16 | 27,051. |
| WELLS FARGO BANK (CITYLIFT) | 91 SOUTH 7TH STREET MINNEAPOLIS, MN 55480 | 02/15/16 | 20,000. |
| CITY OF OAKLAND - OTHER MEASURE Y | 250 FRANK H. OGAWA PLAZA SUITE 5313 OAKLAND, CA 94612 | 02/15/16 | 89,356. |
| OAKLAND UNIFIED SCHOOL DISTRICT | 1000 BROADWAY, SUITE 680 OAKLAND, CA 94607 | 02/15/16 | 401,383. |
| U.S. DEPARTMENT - HUD/EDI | P O BOX 23774 WASHINGTON, DC 20026 | 02/15/16 | 196,483. |
| U.S. DEPARTMENT - HUD (PASS-THRU ECP) | P O BOX 23774 WASHINGTON, DC 20026 | 02/15/16 | 30,625. |
| NORTHERN CALIFORNIA COMM LOAN FUND | 870 MARKET STREET, SUITE 677 SAN FRANCISCO, CA 94102 | 02/15/16 | 5,280. |
| JUST CAUSE/CAUSA JUSTA | 3268 SAN PABLO AVENUE OAKLAND, CA 94608 | 02/15/16 | 22,500. |

| | | | |
|--|---|----------|----------|
| NATIONAL FAIR HOUSING ACT | 1101 VERMONT AVENUE, NW #710 WASHINGTON, DC 20005 | 02/15/16 | 307,370. |
| RINA ACCOUNTANCY | 201 NORTH CIVIC DR WALNUT CREEK, CA 94596 | 02/15/16 | 10,000. |
| HSBC BANK | 388 9TH STREET, SUITE 121 OAKLAND, CA 94607 | 02/15/16 | 7,500. |
| SCHWAB | 5190 NEIL RD RENO, NV 89502 | 02/15/16 | 7,500. |
| TURNER CONSTRUCTION | 300 FRANK H OGAWA PLAZA, SUITE 510 OAKLAND, CA 94612 | 02/15/16 | 5,000. |
| RSH SAKAI, LLP | 350 SANSOME ST. #3 SAN FRANCISCO, CA 94104 | 02/15/16 | 5,000. |
| NORTHERN CALIFORNIA CARPENTERS | 265 HEGENBERGER RD, #100 OAKLAND, CA 94603 | 02/15/16 | 10,000. |
| NORTHERN CALIFORNIA DIST COUNCIL | 4780 CHABOT DRIVE, #200 PLEASANTON, CA 94588 | 02/15/16 | 5,000. |
| LENNAR CORPORATION | 443 SEQUOIA AVE. SIMI VALLEY, CA 93065 | 02/15/16 | 5,000. |
| CPC CONSTRUCTION SERVICES | 2777 ALVARADO ST. SAN LEANDRO, CA 94577 | 02/15/16 | 5,000. |
| CORDOVA CORPORATION | 1401 N BROADWAY LOS ANGELES, CA 90012 | 02/15/16 | 10,000. |
| WEBCOR CONSTRUCTION | 550 S HOPE ST. #2100 LOS ANGELES, CA 90071 | 02/15/16 | 5,000. |
| BBI CONSTRUCTION | 1155 THIRD ST., SUITE 230 OAKLAND, CA 94607 | 02/15/16 | 5,000. |
| CHEVRON | 6001 BOLLINGER CANYON RD. SAN RAMON, CA 94583 | 02/15/16 | 5,000. |
| SIGNATURE INC | 800 KINGS HWY N #150 CHERRY HILL, NJ 08034 | 02/15/16 | 7,500. |
| AZ MEDIA | 6965 EL CAMINO REAL, #105 CARLSBAD, CA 92009 | 02/15/16 | 9,370. |
| ALAMEDA COUNTY WASTE MGMT | 172 98TH AVE OAKLAND, CA 94603 | 02/15/16 | 20,000. |
| CALIFORNIA - OTHER PASS-THRU - KIDANGO | 2500 MOWRY AVE FREMONT, CA 94538 | 02/15/16 | 68,480. |
| OAKLAND UNIFIED SCHOOL DISTRICT - YOUTH | 1001 BROADWAY, SUITE 680 OAKLAND, CA 94607 | 02/15/16 | 250,000. |

SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA

94-1670490

| | | | |
|-------------------------------------|---|----------|-------------|
| BART | 1900 BROADWAY OAKLAND, CA 94612 | 02/15/16 | 7,000. |
| UNION BANK | 44 MONTGOMERY STREET SAN FRANCISCO, CA 94104 | 02/15/16 | 45,000. |
| CALIFORNIA HEALTHCARE FOUNDATION | 1438 WEBSTER ST # 400 OAKLAND, CA 94612 | 02/15/16 | 10,000. |
| TOTAL INCLUDED ON LINE 3 | | | 15,649,123. |

FORM 199 OTHER INCOME STATEMENT 2

| DESCRIPTION | AMOUNT |
|------------------------------------|------------|
| OTHER REVENUE | 11,606. |
| CONTRACT AND SERVICE FEES | 1,702,038. |
| RENTAL INCOME | 2,322,965. |
| TOTAL TO FORM 199, PART II, LINE 7 | 4,036,609. |

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| 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. |
| RALPH HOLMES 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. |
| 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. |
| SYLVIA 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. |
| CLAUDIA BURGOS 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | DIRECTOR 1.00 | 0. |
| ROSS OJEDA 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | DIRECTOR 35.00 | 140,705. |
| CHRISTOPHER IGLESIAS 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | CHIEF EXECUTIVE OFFICER 25.00 | 195,115. |
| MARC-ANDREW AGUILERA 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | CFO/COO 27.00 | 120,000. |
| SOFIA NAVARRO 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | IMMEDIATE PAST COO 35.00 | 22,668. |
| ERIN PATCH 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | EXECUTIVE VICE PRESIDENT 15.00 | 112,500. |
| ELIZABETH CROCKER 1900 FRUITVALE AVE., SUITE 2A OAKLAND, CA 94601 | DIRECTOR OF CHILDREN/FAM S 40.00 | 105,002. |

TOTAL TO FORM 199, PART II, LINE 11

695,990.

| FORM 199 | OTHER EXPENSES | STATEMENT | 4 |
|---|----------------|------------|---|
| DESCRIPTION | | AMOUNT | |
| PROGRAM AND PARTICIPANT OPERATING COSTS | | 2,022,829. | |
| OTHER EMPLOYEE BENEFITS | | 972,650. | |
| OTHER PROFESSIONAL FEES | | 2,434,217. | |
| | | 1,520,103. | |
| TOTAL TO FORM 199, PART II, LINE 17 | | 6,949,799. | |

| FORM 199 | OTHER ASSETS | STATEMENT | 5 |
|---|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| PLEDGES AND GRANTS RECEIVABLE | 2,093,433. | 1,459,581. | |
| PREPAID EXPENSES AND DEFERRED CHARGES | 91,078. | 143,170. | |
| DEPOSITS | 42,519. | 41,685. | |
| DUE FROM INTERCOMPANY AFFILIATE | 485,979. | 479,371. | |
| INVESTMENT IN CASA DE LAS FLORES/CASA VELASCO | 148,740. | 148,737. | |
| INVESTMENT IN FRUITVALE VILLAGE PHASE II | 813,091. | 813,091. | |
| ADVANCE TO PSC - SNAP PROGRAM | 603,916. | 592,323. | |
| RESTRICTED CASH DEPOSITS AND RESERVE FOR REPLACEMENTS | 748,876. | 875,060. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 5,027,632. | 4,553,018. | |

| FORM 199 | OTHER LIABILITIES | STATEMENT | 6 |
|--|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| OTHER LIABILITIES | 713,226. | 0. | |
| DEFERRED REVENUE | 704,571. | 97,646. | |
| UNSECURED NOTES AND LOANS PAYABLE | 0. | 1,045,670. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 1,417,797. | 1,143,316. | |

| | | |
|----------|---|-------------|
| FORM 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT 7 |
|----------|---|-------------|

| DESCRIPTION | AMOUNT |
|--|---------|
| RESTATEMENT TO REFLECT CAPITALIZATION OF PRE-CONSTRUCTION COSTS | 74,782. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | 74,782. |

| | | |
|----------|---------------|-------------|
| FORM 199 | FUND BALANCES | STATEMENT 8 |
|----------|---------------|-------------|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| UNRESTRICTED ASSETS | 3,290,747. | 3,677,781. |
| TEMPORARILY RESTRICTED ASSETS | 1,168,373. | 3,761,432. |
| PERMANENTLY RESTRICTED ASSETS | 2,148,520. | 2,148,520. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 6,607,640. | 9,587,733. |

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-1670490

Corporation name

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

California corporation number

0527967

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 | |
| (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 2015. 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 | 15,105,737. | 8,150,887. | SL | 20.00 | 582,415. | |
| TOTALS | | 15,589,899. | 8,150,887. | | | | |
| 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 | 582,415. |

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 | 582,415. |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 582,415. |
| 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 | | | | | |

2014

Underpayment of Estimated Tax by Corporations

5806

For calendar year 2014 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

| | | | | | |
|---|----|--------------------------|--------------|----------------|-----------------|
| 1 Current year's tax. See instructions | 1 | | | | |
| | | (a) | (b) | (c) | (d) |
| 2 Installment due dates. See instructions | 2 | | | | |
| 3 Percentage required. See instructions | 3 | 30% (not less than min.) | 70% less 1st | 70% less prior | 100% less prior |
| 4 Amount due. See instructions | 4 | | | | |
| 5 a Amount paid or credited for each installment | 5a | | | | |
| b Overpayment from previous installment | 5b | | | | |
| 6 Add line 5a and line 5b | 6 | | | | |
| 7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). (If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.) | 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.

| | | | | | | | | | |
|---|----|-----|----|-----|----|-----|----|-----|----|
| (check the applicable boxes) | | Yes | No | Yes | No | Yes | No | Yes | No |
| 8 a Exception A - Regular Corporations, line 26 | 8a | | | | | | | | |
| b Exception A - Large Corporations. See instrs. | 8b | | | | | | | | |
| 9 Exception B (line 42) met? | 9 | | | | | | | | |
| 10 Exception C (line 64) met? | 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.

| | | | | | |
|---|-----|--|--|--|----|
| 11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions. | 11 | | | | |
| 12 Number of days from date shown on line 2 to date shown on line 11 | 12 | | | | |
| 13 Number of days on line 12 before 7/01/14 | 13 | | | | |
| 14 Number of days on line 12 after 6/30/14 and before 1/01/15 | 14 | | | | |
| 15 Number of days on line 12 after 12/31/14 and before 7/01/15 | 15 | | | | |
| 16 Number of days on line 12 after 6/30/15 and before 1/01/16. See instr. | 16 | | | | |
| 17 Number of days on line 12 after 12/31/15 and before 2/15/16 | 17 | | | | |
| 18 $\frac{\text{Number of days on line 13}}{\text{Number of days in taxable year}} \times 3\% \times \text{line 7}$ | 18 | | | | |
| 19 $\frac{\text{Number of days on line 14}}{\text{Number of days in taxable year}} \times 3\% \times \text{line 7}$ | 19 | | | | |
| 20 $\frac{\text{Number of days on line 15}}{\text{Number of days in taxable year}} \times 3\% \times \text{line 7}$ | 20 | | | | |
| 21 $\frac{\text{Number of days on line 16}}{\text{Number of days in taxable year}} \times \%$ (see instr.) $\times \text{line 7}$ | 21 | | | | |
| 22 $\frac{\text{Number of days on line 17}}{\text{Number of days in taxable year}} \times \%$ (see instr.) $\times \text{line 7}$ | 22 | | | | |
| 22a Add amounts for each column from line 18 through line 22 | 22a | | | | |
| 22b Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 42a; Form 100W, line 41a; Form 100S, line 41a; or Form 109, line 25 | 22b | | | | 0. |

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|---|---|
| Exempt Organization name SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC. | Identifying number 94-1670490 |
|---|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|---------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 19,787,166.00 |
| 2 Total gross income (Form 199, line 8) | 2 | 19,787,166.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 16,881,855.00 |

Part II Settle Your Account Electronically for Taxable Year 2014

| | | |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

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 to 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 2014 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 the ERO or intermediate service provider, the reason(s) for the delay.**

| | | | |
|------------------|----------------------|------|-------|
| Sign Here | | | |
| | Signature of Officer | Date | Title |

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, 2014 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.

| | | | | | |
|----------------------|---|------------|--|---|------------------------|
| ERO Must Sign | 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 | | | | FEIN 94-3158857 |
| | | | | | ZIP Code 94612 |

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.

| | | | | |
|--------------------------------|---|------------|---|---------------------------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date _____ | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN P00026968 |
| | Firm's name (or yours if self-employed) and address | | | FEIN 94-3158857 |
| | | | | ZIP Code 94612 |

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

September 30, 2015

| | |
|---|---|
| Prepared for | Spanish Speaking Unity Council of Alameda County, INC. 1900 Fruitvale Ave., Suite 2A Oakland, CA 94601 |
| Prepared by | RINA accountancy corporation 475 14th Street, Suite 1200 Oakland, CA 94612 |
| Mail tax return to | Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 |
| Return must be mailed on or before | Please mail as soon as possible. |
| Special Instructions | <p>The return should be signed and dated by an authorized individual.</p> <p>No payment required.</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p> |

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

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

**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.

| | |
|--|--|
| State Charity Registration Number: <u>CT 2</u> SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY, INC. <small>Name of Organization</small> <u>1900 FRUITVALE AVE., SUITE 2A</u> <small>Address (Number and Street)</small> <u>OAKLAND, CA 94601</u> <small>City or Town, State and ZIP Code</small> | Check if: <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> |
|--|--|

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 10/01/2014 ending 09/30/2015) list:
 Gross annual revenue \$ 0 Total assets \$ 14,605,698

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. SEE STATEMENT 9 | 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.

CHRISTOPHER IGLESIAS

CEO

Signature of authorized officer

Printed Name

Title

Date

