

Return of Organization Exempt From Income Tax

1998

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

This Form is Open to Public Inspection

Note The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 1998 calendar year, OR tax year period beginning 7/01, 1998, and ending 6/30, 1999

B Check if: Change of address, Initial return, Final return, Amended return. C VETERANS TRANSITION CENTER OF MONTEREY COUNTY MARTINEZ HALL, 220 12TH ST MARINA, CA 93933. D Employer identification number 77-0431413. E Telephone number. F Check if exemption application is pending.

Type of organization Exempt under section 501(c) (3) (insert number) OR section 4947(a)(1) nonexempt charitable trust. Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990)

(a) Is this a group return filed for affiliates? (b) If "Yes," enter the number of affiliates for which this return is filed. (c) Is this a separate return filed by an organization covered by a group ruling? I If either box in H is checked "Yes," enter four-digit group exemption number (GEN). J Accounting method Cash Accrual Other (specify).

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 5 Dividends and interest from securities; 8a Gross amount from sale of assets other than inventory; 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 17)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23	Specific assistance to individuals (att. sch)	23				
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	27,104	20,328	6,776	
26	Other salaries and wages	26	62,973	47,230	15,743	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	34,740	26,055	8,685	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	10	8	2	
33	Supplies	33	1,375	1,031	344	
34	Telephone	34	1,579	1,184	395	
35	Postage and shipping	35	371	278	93	
36	Occupancy	36				
37	Equipment rental and maintenance	37	1,535	1,151	384	
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses (itemize) a STATEMENT 2	43a	10,212	7,660	2,552	
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e _____	43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15.	44	139,899	104,925	34,974	0

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20)

What is the organization's primary exempt purpose? SELF SUFFICIENCY OF VETERANS	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 3	
(Grants and allocations \$ _____)	104,925
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	104,925

Part IV Balance Sheets (See Specific Instructions on page 20)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	2,909	45	1,749
46	Savings and temporary cash investments		46	
47a	Accounts receivable			
	b Less allowance for doubtful accounts		47c	
48a	Pledges receivable			
	b Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach sch)		50	
51a	Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule)		54	
55a	Investments - land, buildings, and equipment basis	5,151		
	b Less accumulated depreciation (attach schedule) STMT 4		55c	5,151
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment, basis			
	b Less accumulated depreciation (attach schedule)		57c	
58	Other assets (describe ▶)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	2,909	59	6,900
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	8,201
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ▶)		65	
66	Total liabilities (add lines 60 through 65)	0	66	8,201
NET ASSETS OR FUND BALANCES				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	2,315	67	-1,301
68	Temporarily restricted	594	68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	2,909	73	-1,301
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	2,909	74	6,900

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 22)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶ **a** N/A

b Amounts included on line **a** but not on line 12, Form 990

(1) Net unrealized gains on investments \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify) _____

_____ \$ _____

Add amounts on lines (1) through (4) ▶ **b** _____

c Line **a** minus line **b** ▶ **c** _____

d Amounts included on line 12, Form 990 but not on line **a**

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____

_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶ **e** _____

a Total expenses and losses per audited financial statements ▶ **a** N/A

b Amounts included on line **a** but not on line 17, Form 990

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify) _____

_____ \$ _____

Add amounts on lines (1) through (4) ▶ **b** _____

c Line **a** minus line **b** ▶ **c** _____

d Amounts included on line 17, Form 990 but not on line **a**

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____

_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e** _____

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 22)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT MACKENZIE P.O. BOX 1333 MARINA, CA 93933	DIRECTOR 10	0	0	0
PAMELA WEBSTER P.O. BOX 1333 MARINA, CA 93933	DIRECTOR 5	0	0	0
RALPH SIRTAK P.O. BOX 1333 MARINA, CA 93933	TREASURER 5	0	0	0
THOMAS CARMAN P.O. BOX 1333 MARINA, CA 93933	SECRETARY 5	0	0	0
KARL P. KARL P.O. BOX 1333 MARINA, CA 93933	VICE CHAIR 5	0	0	0
PAUL FRANKS P.O. BOX 1333 MARINA, CA 93933	CHAIRPERSON 5	0	0	0
RONALD RYGG P.O. BOX 1333 MARINA, CA 93933	EXEC. DIRECTO 5	27,104	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see Specific Instructions on page 22

Part VI Other Information (See Specific Instructions on page 23)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	876		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	877		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	878a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	878b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	879		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	880a		X
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	881a	0	
b	Did the organization file Form 1120-POL for this year?	881b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	882a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	882b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	883a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	883b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	884a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	884b	N/A	
85	501(c)(4), (5), or (6) organizations - a Were substantially all dues nondeductible by members?	885a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	885b	N/A	
c	Dues, assessments, and similar amounts from members	885c	N/A	
d	Section 162(e) lobbying and political expenditures	885d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	885e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	885f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	885g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	885h	N/A	
86	501(c)(7) organizations - Enter			
a	Initiation fees and capital contributions included on line 12	886a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	886b	N/A	
87	501(c)(12) organizations - Enter			
a	Gross income from members or shareholders	887a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	887b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	888		X
89a	501(c)(3) organizations - Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	889b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>			
d	Enter: Amount of tax in 89c, above, reimbursed by the organization <u>0</u>			
90a	List the states with which a copy of this return is filed <u></u>			
b	Number of employees employed in the pay period that includes March 12, 1998 (See instructions)	90b		0
91	The books are in care of <u>RONN RYGG</u> Telephone no <u>831-883-8387</u> Located at <u>220 12TH STREET, MARINA, CA</u> ZIP + 4 <u>93933</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A	

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

1998

Department of the Treasury
Internal Revenue Service

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Supplementary Information

See separate instructions

Name of the organization

VETERANS TRANSITION CENTER
OF MONTEREY COUNTY

Employer identification number

77-0431413

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions on page 1 List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions on page 1 List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions SEE STATEMENT 5		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?		X
4a	Do you have a section 403(b) annuity plan for your employees?		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See instructions on page 2)		

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 4)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions on page 4)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions on page 4)

VETERANS TRANSITION CENTER

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	59,994				59,994
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest dividends, amounts received from payments on securities (section 512(a)(5)), rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a sch Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	59,994				59,994
24 Line 23 minus line 17	59,994				59,994
25 Enter 1% of line 23	600				
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 1,200
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 59,994
d Add Amounts from column (e) for lines 18 _____ 19 _____					26d
22 _____ 26b _____					26e 59,994
e Public support (line 26c minus line 26d total)					26f 100.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year	N/A				
(1997) _____ (1996) _____ (1995) _____ (1994) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year					
(1997) _____ (1996) _____ (1995) _____ (1994) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 271
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See instructions on page 4)					

Part V Private School Questionnaire (See instructions on page 4)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
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31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
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If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35		
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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions on page 6) N/A
(To be completed ONLY by an eligible organization that filed Form 5768)

Check here a if the organization belongs to an affiliated group
Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 7)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A
(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

1998

FEDERAL STATEMENTS
VETERANS TRANSITION CENTER
OF MONTEREY COUNTY

PAGE 1

CLIENT 10829

77-0431413

10/23/02

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STATEMENT 1
FORM 990, PART I, LINE 1D
CONTRIBUTIONS, GIFTS, AND GRANTS

NOT OPEN TO PUBLIC INSPECTION

	AMOUNT OF CONTR.

DIRECT CONTRIBUTIONS LESS THAN \$5,000	\$ 1,411
TOTAL DIRECT CONTRIBUTIONS, LINE 1A	\$ <u>1,411</u>
GOVERNMENT GRANTS:	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS

	\$ 134,266
TOTAL GOVERNMENT GRANTS, LINE 1C	\$ <u>134,266</u>
TOTAL CONTRIBUTIONS, LINE 1D	\$ <u><u>135,677</u></u>

STATEMENT 2
 FORM 990, PART II, LINE 43
 OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO EXPENSE	\$ 389	292	97	
BANK CHARGES	170	128	42	
DUES	1,100	825	275	
INSURANCE	5,735	4,301	1,434	
INTERNET SERVICES	160	120	40	
PAGERS	286	215	71	
PAYROLL SERVICES	675	506	169	
PROGRAM EXPENSE	308	231	77	
SPECIFIC ASSISTANCE	332	249	83	
WORKER'S COMP	1,057	793	264	
TOTAL	<u>\$ 10,212</u>	<u>7,660</u>	<u>2,552</u>	<u>0</u>

STATEMENT 3
 FORM 990, PART III, LINE A
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
REINTEGRATING VETERANS INTO THE COMMUNITY BY PROVIDING RELIEF FOR THE POOR, DISTRESSED, OR UNDERPRIVILEGED/HOMELESS VETERANS AND THEIR FAMILIES; OFFERING TRAINING, COUNSELING, JOB PLACEMENT PROGRAMS AND OTHER SUPPORT SERVICES; AND SUPPLEMENTING SHELTER, FOOD, AND CLOTHING EXPENSES AS NEEDED TO VETERANS AND THEIR FAMILIES.	\$ 0	104,925
	<u>\$ 0</u>	<u>104,925</u>

STATEMENT 4
 FORM 990, PART IV, LINE 55B
 INVESTMENTS—LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	\$ 5,151		5,151
TOTAL	<u>\$ 5,151</u>	<u>0</u>	<u>5,151</u>

1998

FEDERAL STATEMENTS
VETERANS TRANSITION CENTER
OF MONTEREY COUNTY

PAGE 3

CLIENT 10829

77-0431413

10/23/02

01 12 PM

STATEMENT 5
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

ONE OF THE OFFICERS HAS LOANED THE ORGANIZATION SMALL AMOUNTS OF MONEY
TO PAY OPERATING AND PROGRAM SERVICE EXPENSES.