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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

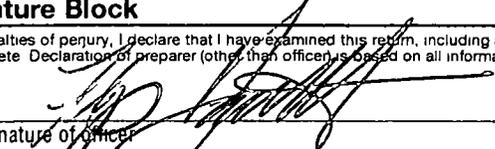
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITED WAY OF MERCED COUNTY, INC. Doing Business As		D Employer identification number 94-2633265
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1744 NORTH "G" STREET H		E Telephone number 209-383-4242
		City or town, state or country, and ZIP + 4 MERCED, CA 95340		G Gross receipts \$ 547,137.
		F Name and address of principal officer: FLIP HASSETT SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.UNITEDWAYMERCED.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation 1954				M State of legal domicile CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY.</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5	Total number of employees (Part V, line 2a)	5	4	
	6	Total number of volunteers (estimate if necessary)	6	882	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	7b	Net unrelated business taxable income from Form 990-B, line 8	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	332,493.	546,943.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 9e, and 9f)	171.	172.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,495.	22.	
			356,159.	547,137.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	142,887.	204,487.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,541.	159,305.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,499.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	77,689.	84,361.	
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	342,117.	448,153.	
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	14,042.	98,984.	
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	255,267.	383,276.	
	22	Net assets or fund balances Subtract line 21 from line 20	62,116.	100,870.	
		193,151.	282,406.		

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.

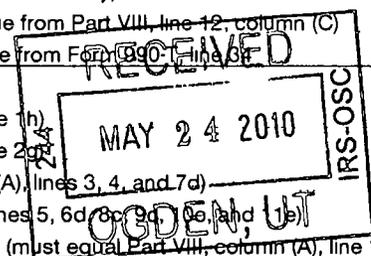
Sign Here ▶  Date 5-7-10

Signature of officer
FLIP HASSETT, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature Sandra Durham CPA Date 4/30/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4
KEMPER CPA GROUP LLP
3168 COLLINS DRIVE, SUITE B
MERCED, CA 95348
 Preparer's identifying number (see instructions)
 EIN ▶
 Phone no ▶ 209-722-2794

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

SCANNED JUL 21 2010



G16

4

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

OUR MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY. WE STRIVE TO IMPROVE THE COMMON GOOD BY COLLABORATING WITH OTHER NON-PROFIT CHARITIES, GOVERNMENT AGENCIES, BUSINESSES, AND FAITH BASED GROUPS TO RESOLVE SOCIAL ISSUES IN THE COMMUNITY.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 204,487. including grants of \$ 204,487.) (Revenue \$) EACH YEAR NON-PROFIT CHARITIES APPLY FOR FUNDING FOR ONE OF THEIR OTHER PROGRAMS. THE APPLICATIONS ARE REVIEWED BY AN ALL-VOLUNTEER COMMUNITY INVESTMENT COMMITTEE FROM THE COMMUNITY. AFTER HEARING ORAL ARGUMENTS FROM EACH APPLICANT, THE FUNDING COMMITTEE RECOMMENDS AN AMOUNT FOR EACH PROGRAM THAT TOTAL THE AMOUNT SET BY THE BOARD OF DIRECTORS. NON-PROFIT CHARITIES ALSO RECEIVE FUNDS FROM DONORS WHO HAVE DESIGNATED THEIR CONTRIBUTIONS TO GO TO A SPECIFIC AGENCY. THESE FUNDS ARE NOT CONSIDERED A PART OF THE AWARD DESCRIBED ABOVE. NON-PROFIT CHARITIES MAY ALSO RECEIVE A MINI-GRANT FOR SMALL PROJECTS FROM THE UNITED WAY EXECUTIVE DIRECTOR THAT HE OR SHE BELIEVES WILL BENEFIT THE COMMUNITY.

4b (Code:) (Expenses \$ 85,134. including grants of \$) (Revenue \$) STAFF TIME IS USED TO PROMOTE BOTH FUNDED AND NON-FUNDED PROGRAMS AND COMMUNITY INITIATIVES SUCH AS THE MERCED COMMUNITY VIOLENCE INTERVENTION AND PREVENTION TASK FORCE (COMVIP), THE BUSINESS EDUCATION ALIANCE OF MERCED COUNTY (B.E.A.M.) AND THE COMMUNITY PARTNERSHIP ALLIANCE (CPA). EACH OF THE ACTIVITIES STAFF SUPPORTS MUST CONFORM TO OUR MISSION STATEMENT "TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY."

4c (Code:) (Expenses \$ 8,207. including grants of \$) (Revenue \$ 8,207.) A STAFF MEMBER IS ASSIGNED TO CONDUCT A COMMUNITY OUTREACH PROGRAM THAT EDUCATES AND ENLISTS THE COOPERATION OF CITIZENS IN THE COMMUNITY TO SAVE ENERGY, WHICH WHILE SAVING THEM MONEY, MAKES AN IMPACT ON THE ADVERSE EFFECTS OF GLOBAL WARMING, THUS MAKING OUR PLANET A BETTER PLACE FOR FUTURE GENERATIONS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 297,828. (Must equal Part IX, Line 25, column (B))

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where 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, 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		16
1b	Enter the number of voting members that are independent		16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?		X
15b	b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)		X
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?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization FLIP HASSETT - 209-383-4242 1744 NORTH "G" STREET, NO. H, MERCED, CA 95340

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SEAN MCLEOD PRESIDENT		X		X				0.	0.	0.
VANNESA LARA VICE PRESIDENT		X		X				0.	0.	0.
STUART SPENCER TREASURER		X		X				0.	0.	0.
SYLVIA FULLER PAST PRESIDENT		X		X				0.	0.	0.
JILL ALLEY DIRECTOR		X						0.	0.	0.
ANNA BOLLING DIRECTOR		X						0.	0.	0.
LINDA FARIAS DIRECTOR		X						0.	0.	0.
ROBERT GARZA DIRECTOR		X						0.	0.	0.
DON HELMAN DIRECTOR		X						0.	0.	0.
BOB HARMON DIRECTOR		X						0.	0.	0.
SEE LEE DIRECTOR		X						0.	0.	0.
SANDY LEMAS DIRECTOR		X						0.	0.	0.
MARY MILLER DIRECTOR		X						0.	0.	0.
SCOTT PETTYGROVE DIRECTOR		X						0.	0.	0.
ZACH PHONESAVANH DIRECTOR		X						0.	0.	0.
NICOLE POLLACK DIRECTOR		X						0.	0.	0.
BARBARA RICHEY DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SARAH SANDERS DIRECTOR		X						0.	0.	0.
MIKE SMITH DIRECTOR		X						0.	0.	0.
NIKKO THOMPSON DIRECTOR		X						0.	0.	0.
MIKE TROXELL DIRECTOR		X						0.	0.	0.
FLIP HASSETT EXECUTIVE DIRECTOR	40.00			X	X			49,000.	0.	0.
1b Total								49,000.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 11,157.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 535,786.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		546,943.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		172.		172.	
	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 MISCELLANEOUS	90099	22.			22.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		22.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		547,137.	0.	0.	194.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	204,487.	204,487.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,000.	24,778.	16,804.	7,418.
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	97,100.	33,302.	33,809.	29,989.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,205.	4,909.	4,915.	3,381.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,000.	1,859.	1,861.	1,280.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	3,612.		573.	3,039.
12 Advertising and promotion	4,356.	1,374.		2,982.
13 Office expenses	15,430.	2,593.	4,745.	8,092.
14 Information technology	976.	363.	363.	250.
15 Royalties				
16 Occupancy	20,924.	7,778.	7,789.	5,357.
17 Travel	10,560.	4,522.	3,178.	2,860.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,392.	4,810.	2,426.	1,156.
20 Interest	47.		47.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	957.	356.	356.	245.
23 Insurance	6,277.	2,333.	2,337.	1,607.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DUES, FEES AND SUBSCRIP</u>	6,796.	4,279.	2,517.	0.
b <u>SPECIAL GRANTS</u>	949.	0.	106.	843.
c <u>TAXES, LICENSES AND FEE</u>	85.	85.	0.	0.
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	448,153.	297,828.	81,826.	68,499.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	59,012.	1	129,446.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	192,029.	3	227,443.	
	4	Accounts receivable, net		4	2,674.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,222.	9	6,588.	
	10a	Land, buildings, and equipment cost basis	17,018.			
	b	Less: accumulated depreciation Complete Part VI of Schedule D	15,799.	2,004.	10c	1,219.
	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	0.	15	15,906.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	255,267.	16	383,276.		
Liabilities	17	Accounts payable and accrued expenses	14,712.	17	20,493.	
	18	Grants payable	45,143.	18	56,510.	
	19	Deferred revenue	2,261.	19	4,961.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	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		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D	0.	25	18,906.	
	26	Total liabilities. Add lines 17 through 25	62,116.	26	100,870.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	179,309.	27	278,293.	
	28	Temporarily restricted net assets	13,842.	28	4,113.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	193,151.	33	282,406.	
	34	Total liabilities and net assets/fund balances	255,267.	34	383,276.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?		X
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,616.	283,409.	345,564.	338,517.	546,943.	1,809,049.
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 - 3	294,616.	283,409.	345,564.	338,517.	546,943.	1,809,049.
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						1,809,049.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	294,616.	283,409.	345,564.	338,517.	546,943.	1,809,049.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	235.	82.	79.	171.	172.	739.
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 IV.)		312.			22.	334.
11 Total support. Add lines 7 through 10						1,810,122.
12 Gross receipts from related activities, etc. (see instructions)					12	

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33 1/3% support test - 2008. 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

b 33 1/3% support test - 2007. 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

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Lined area for providing supplemental information.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization UNITED WAY OF MERCED COUNTY, INC. Employer identification number 94-2633265

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff or volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 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)? 9 In Part XIV, describe how the organization reports 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, 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 XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		17,018.	15,799.	1,219.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,219.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	547,137.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	448,153.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	98,984.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-9,729.
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-9,729.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	89,255.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	456,683.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	20,468.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	20,468.
3	Subtract line 2e from line 1	3	436,215.
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 XIV)	4b	110,922.
c	Add lines 4a and 4b	4c	110,922.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	547,137.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	357,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	20,468.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	20,468.
3	Subtract line 2e from line 1	3	337,231.
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 XIV)	4b	110,922.
c	Add lines 4a and 4b	4c	110,922.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	448,153.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO OTHER ORGANIZATIONS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO OTHER ORGANIZATIONS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF MERCED COUNTY, INC.

Employer identification number
94-2633265

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCED COUNTY FOOD BANK 2000 W OLIVE AVE MERCED, CA 95340	80-0093563	501(C)(3)	12,300.	0.			FOOD DISTRIBUTION
DOS PALOS YOUTH IN CRISIS 2017 BLOSSOM AVE DOS PALOS, CA 96320	06-1643746	501(C)(3)	9,316.	0.			FOOD AND CLOTHING PANTRY
MARIPOSA/MERCED RED CROSS 644 W MAIN ST MERCED, CA 95340	53-0196605	501(C)(3)	8,864.	0.			DISASTER SERVICES
THE SALVATION ARMY 1440 W 12TH ST MERCED, CA 95340	94-1170408	501(C)(3)	8,036.	0.			FOOD AND CRISIS ASSISTANCE
CATHOLIC CHARITIES 336 W MAIN ST #1 MERCED, CA 95340	94-1678938	501(C)(3)	6,360.	0.			EMERGENCY FAMILY CRISIS

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

▶ 5.
▶ 5.

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: TO RECEIVE FUNDING, NON-PROFIT CHARITIES OPERATING IN MERCED COUNTY FIRST SUBMIT A LETTER OF INTENT THAT ALLOWS US TO DETERMINE IF THEY ARE ELIGIBLE FOR FUNDING. IF THEY ARE, THEY ARE PROVIDED AN APPLICATION WHICH REQUIRES SPECIFIC INFORMATION ABOUT THE PROGRAM FOR WHICH THEY WANT FUNDING. IF APPROVED, THE AGENCY MUST AGREE TO A MEMO OF UNDERSTANDING THAT SPELLS OUT WHAT THEY ARE REQUIRED TO DO THAT INCLUDES A QUARTERLY REPORT ON PROGRAM ACCOMPLISHMENTS. WHEN PROMPTED BY INFORMATION IN THEIR REPORT OR AN INQUIRY OR COMPLAINT FROM AN OUTSIDE SOURCE, WE WILL DO AN AUDIT OF THEIR FINANCES AND OPERATION. FAILURE TO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

UNITED WAY OF MERCED COUNTY, INC.

Employer identification number
94-2633265

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 AND ALL ATTACHMENTS ARE PROVIDED TO EACH BOARD MEMBER VIA EMAIL AND DISCUSSED AT A MEETING OF THE BOARD PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SUBMITS AN ANNUAL CONFLICT OF INTEREST FORM THAT DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST, OR ATTESTS THAT THERE ARE NO SUCH CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC FROM THE ORGANIZATION'S WEBSITE AND AT THEIR OFFICE, LOCATED AT 1744 N. G STREET, SUITE H, MERCED, CA 95340.

PART 1, QUESTION 1

SUMMARY OF OUR MISSION AND ACTIVITIES

OUR MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY. WE DO THIS BY MANY MEANS, ONLY ONE OF WHICH IS SOLICITING DONATIONS FROM PEOPLE TO SUPPORT THE PROGRAMS OF NON-PROFIT CHARITIES.

WE COLLABORATE AND PARTNER WITH OTHER NON-PROFIT ORGANIZATIONS, GOVERNMENT, EDUCATIONAL ORGANIZATIONS, FAITH-BASED ORGANIZATIONS,

BUSINESSES AND PRIVATE INDIVIDUALS TO DEVELOP INITIATIVES THAT ADDRESS PRESSING SOCIAL ISSUES IN OUR COMMUNITY. OUR EFFORTS INCLUDE THE

FOLLOWING:

-PROVIDE TRAINING AND GUIDANCE TO NON-PROFIT AGENCIES: IN PRODUCING PROGRAMS THAT ACTUALLY IMPROVE THE LIVES OF THE PEOPLE WHO PARTAKE OF THEIR PROGRAMS; AND THAT SUPPORT BOARD DEVELOPMENT AND INTER-AGENCY

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF MERCED COUNTY, INC.

Employer identification number

94-2633265

COLLABORATION.

-WE WERE A CONVENER OF AGENCIES THAT DEVELOPED A CALIFORNIA ENDOWMENT GRANT TO BUILD HEALTHY COMMUNITIES.

-WE ARE A PARTNER IN THE MERCED COMMUNITY VIOLENCE INTERVENTION AND PREVENTION TASK FORCE (COMVIP) THAT IS MADE UP OF LOCAL AGENCIES, INDIVIDUALS, FAITH-BASED, AND COMMUNITY ORGANIZATIONS WORKING COLLABORATIVELY TO REDUCE VIOLENCE IN OUR COMMUNITY. WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION.

-WE ARE A MEMBER OF THE BUSINESS EDUCATION ALLIANCE OF MERCED COUNTY (B.E.A.M.) IS A PARTNERSHIP OF COMMITTED BUSINESS, EDUCATION, GOVERNMENT, AND COMMUNITY LEADERS WHO SUPPORT EARLY CHILDHOOD DEVELOPMENT AND QUALITY CHILD CARE THAT LEADS TO WORKFORCE DEVELOPMENT AND ECONOMIC GROWTH IN MERCED COUNTY. WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION.

-A MEMBER OF "CIRCLES," AN ORGANIZATION WORKING TO ENABLE PEOPLE COMING OUT OF POVERTY TO REGAIN THEIR ABILITY TO BE SELF-SUSTAINING, PRODUCTIVE MEMBERS OF THE COMMUNITY.

-CHAIR THE LOCAL BOARD OF THE EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM THAT PROVIDES FEDERAL FUNDING TO LOCAL AGENCIES WHO PROVIDE EMERGENCY FOOD AND/OR SHELTER TO THOSE LESS FORTUNATE.

-MEMBER OF THE MERCED COUNTY HUNGER TASK FORCE AND CHAIR A SUB-COMMITTEE ON PANTRIES. THE TASK FORCE WANTS TO MAKE NO ONE GOES HUNGRY IN MERCED COUNTY. THE PANTRY COMMITTEE WORKS TO IMPROVE THE FLOW OF FOOD FROM DONORS AND OTHER RESOURCES TO THE FOOD BANK TO PANTRIES TO THE HUNGRY ASSURING HEALTHY FOOD FOR THEIR DIETS.

-A MEMBER OF THE "COMMUNITY PARTNERSHIP ALLIANCE THAT IS A

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

UNITED WAY OF MERCED COUNTY, INC.

Employer identification number
94-2633265

COMMUNITY-LED, MULTI-ETHNIC INITIATIVE TO CREATE, LEVERAGE, AND PROMOTE CHANGE THAT MAXIMIZES THE EDUCATIONAL AND ECONOMIC PROSPERITY OF OUR MULTICULTURAL COMMUNITY. WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION.

-CONDUCT THE ANNUAL MERCO CREDIT UNION CYCLING CLASSIC THAT INCLUDES A DOWNTOWN GRAND PRIX AND A FOOTHILLS ROAD RACE THAT IS THE FIRST RACE FOR PROFESSIONAL RIDERS WHO COMPETE NATIONALLY. THERE ARE ALSO EVENTS FOR ARMATURES AND CHILDREN. IT IS A GREAT FAMILY EVENT AS WELL AS A BOOST TO THE LOCAL ECONOMY.

-CONDUCT A FAMILY FUN DAY CALLED "PEDAL MERCED" THAT HAS FAMILIES PARTICIPATING IN A 10 MILE BICYCLE RIDE THAT INCLUDES STOPS AT SEVERAL PARKS TO COMPETE IN FUN AND GAMES AND COLLECT A STAMP ON THEIR 'PASSPORT' WHICH WILL ENTER THEM INTO A DRAWING AT THE END. THEY ARE THEN TREATED TO A BARBEQUE CHICKEN LUNCH. PARTICIPANTS CLAIM IT TO BE THE BEST FAMILY FUN EVENT IN MERCED.

-CONDUCT A COMMUNITY 'DAY OF ACTION' IN WHICH VOLUNTEERS MAKE REPAIRS FOR NON-PROFIT AGENCIES, PERFORM CLEAN-UP OF NON-PROFIT AND PUBLIC FACILITIES, ETC.

-WORK WITH TARGET STORES TO PROVIDE DECORATED CHRISTMAS TREES TO NEEDY FAMILIES THROUGHOUT MERCED COUNTY.

-COLLABORATE WITH THE MARINE CORPS, LAW ENFORCEMENT, NON-PROFIT AGENCIES AND BUSINESSES TO PROVIDE TOYS TO NEEDY CHILDREN AT CHRISTMAS TIME.

-WORK WITH BARNES AND NOBLE BOOK STORE TO AND SCHOOL DISTRICT TO GET GOOD BOOKS INTO THE HANDS OF CHILDREN WHO HAVE NO MEANS TO ACQUIRE BOOKS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF MERCED COUNTY, INC.

Employer identification number

94-2633265

-PARTNER WITH MERCED UNION HIGH SCHOOL DISTRICT AND MERCED CITY SCHOL

DISTRICT IN A PROGRAM "CHARACTER COUNTS." IT IS AN EDUCATIONAL

FRAMEWORK BASED ON GOOD DECISIONS MAKING AND SIX PILLARS OF GOOD

CHARACTER: TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING

AND CITIZENSHIP. THE ABILITY TO SHARE VALUES WITH THE NEXT GENERATION

IS CRITICAL FOR A HEALTHY AND SAFE COMMUNITY.

-PROVIDE PRESCRIPTION DRUG DISCOUNT CARDS TO THOSE WHO HAVE NO

INSURANCE COVERAGE OR WHOSE PLAN DOES NOT COVER THE DRUG THAT THEY WERE

PRESCRIBED.

-SUPPORT THE GREATER MERCED CHAMBER OF COMMERCE "LEADERSHIP MERCED"

PROGRAM THAT HELPS COMMUNITY MEMBERS ASSUME LEADERSHIP ROLES IN THE

COMMUNITY. INCLUDED CONDUCTING "FUTURE/COMMITMENT DAY" THIS YEAR.

