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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF MERCED COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
658 WEST MAIN STREET

City or town, state or country, and ZIP + 4
MERCED, CA 95340

D Employer identification number
94-2633265

E Telephone number
(209) 383-4242

G Gross receipts $ 1,233,184

F Name and address of principal officer
FLIP HASSETT
658 WEST MAIN STREET
MERCED, CA 95340

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYMERCED ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY TO CREATE LASTING CHANGES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	13
6	Total number of volunteers (estimate if necessary)	**6**	2,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	748,837	1,082,381
	9 Program service revenue (Part VIII, line 2g)	10,432	67,312
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	573	-3,039
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,839	-28,395
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	757,003	1,118,259
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	225,255	287,462
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	319,133	505,055
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶68,552		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	172,248	304,015
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	716,636	1,096,532
	19 Revenue less expenses Subtract line 18 from line 12	40,367	21,727

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	727,783	989,649
	21 Total liabilities (Part X, line 26)	376,556	616,695
	22 Net assets or fund balances Subtract line 21 from line 20	351,227	372,954

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

****** 2013-04-10
Signature of officer Date

FLIP HASSETT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ EDWARD C SPINARDI II | Date 2013-04-10 | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00112080

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SPINARDI & JONES
478 E YOSEMITE AVE SUITE A
MERCED, CA 95340

EIN ▶ 94-2679966

Phone no ▶ (209) 722-7429

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

Part III **Statement of Program Service Accomplishments**

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

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 AGANCIES, AND FAITH BASED GROUPS TO RESOLVE SOCIAL ISSUES ON 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 287,462 including grants of $ 102,000) (Revenue $ 63,951)

EACH YEAR NON-PROFIT CHARITIES APPLY FOR FUNDING FOR ONE OF THEIR PROGRAMS THE APPLICATIONS ARE REVIEWED BY AN ALL-VOLUNTEER COMMUNITY INVESTMENT COMMITTEE (CIC) AFTER HEARING ORAL ARGUMENTS FROM EACH APPLICANT, THE CIC RECOMMENDS AN AMOUNT FOR EACH PROGRAM THE TOTAL OF ALL AWARDS AGREE TO THE BUDGETED 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 THESER FUNDS AE NOT CONSIDERED A PART OF THE AWARD DECRIBED 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 $ 259,267 including grants of $) (Revenue $)

FOUR STAFF MEMBERS HIRED WITH FUNDS FROM A GRANT BY THE CALIFORNIA ENDOWMENT, SUPPORT THE BUILDING HEALTHY COMMUNITIES (BHC) PROJECT BHC FOCUSES ON IMPOVERISHED LOCATIONS WITHIN MERCED COUNTY (PLANADA, LE GRAND, BEACHWOOD, AND SOUTH MERCED) THE PROJECT WAS ESTABLISHED TO IMPROVE HEALTH CONDITIONSIN THE IDENTIFIED LOCATIONS EMPLOYEES PROVIDE SUPPORT TO THE ALL-VOLUNTEER PROJECT STEERING COMMITTEE STAFF WORKS WITH YOUTH TO IDENTIFY AND CORRECT UNHEALTHYCONDITIONS IN THE IDENTIFIED LOCATIONS THEY ALSO PROVIDE EDUCATIONAL MATERIALS ABOUT LIVING HEALTHY USING SOCIAL MEDIA AND DEMONSTRATIONS/PRESENTATIONS AT COMMUNITY EVENTS

4c (Code) (Expenses $ 88,652 including grants of $) (Revenue $)

A STAFF OF ONE WAS HIRED WITH GRANT FUNDS FROM THE CALIFORNIA ENDOWMENT, FOR THE CENTRAL CALIFORNIA OBESITY PREVENTION PROJECT (CCROPP) IN MERCED COUNTY MERCED CCROPP WORKS WITH SCHOOLS AND UNITS OF GOVERNMENT TO ENCOURAGE SERVING HEALTHIER MEALS AND SNACKS THEY ALSO WORK TO ENCOURAGE STUDENTS TO PARTAKE OF MORE PHYSICAL ACTIVITIES AND WORK WITH SCHOOLS AND GOVERNMENT UNITS TO MAKE PLAYGROUNDS AND PUBLIC SPORTS FACILITIES AVAILABLE DURING NON-SCHOOL HOURS

(Code) (Expenses $ 212,676 including grants of $) (Revenue $)

STAFF AND RESOURCES ARE USED TO PROMOTE COMMUNITY INITIATIVES AND PROGRAMS SPONSORED BY OTHER NON-PROFIT AND GOVERNMENTAL AGENCIES WITHIN MERCED COUNTY EACH OF THE ACTIVITIES MUST CONFORM TO OUR MISSION STATEMEN, "TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY"

4d Other program services (Describe in Schedule O)

(Expenses $ 212,676 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 848,057

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

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

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

FLIP HASSETT
658 WEST MAIN STREET
MERCED, CA 95340
(209) 383-4242

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEAN MCLEOD DIRECTOR	2 00	X						0	0	0
(2) STUART SPENCER DIRECTOR	1 00	X						0	0	0
(3) ANNA BOLLING DIRECTOR	1 00	X						0	0	0
(4) NIKKO DA PAZ DIRECTOR	1 00	X						0	0	0
(5) WIL DEAN DIRECTOR	1 00	X						0	0	0
(6) RICHARD DYE DIRECTOR	1 00	X						0	0	0
(7) LINDA FARIAS DIRECTOR	1 00	X						0	0	0
(8) BOB HARMON DIRECTOR	1 00	X						0	0	0
(9) SANDY LEMAS DIRECTOR	1 00	X						0	0	0
(10) DELENE MEIDLINGER DIRECTOR	1 00	X						0	0	0
(11) MARY MILLER DIRECTOR	1 00	X						0	0	0
(12) ZACK PHONESAVANH DIRECTOR	1 00	X						0	0	0
(13) JANICE RECTOR DIRECTOR	1 00	X						0	0	0
(14) DIANA SHAVER VICE PRESIDENT	1 00	X						0	0	0
(15) MIKE SMITH DIRECTOR	3 00	X						0	0	0
(16) ANDRE URQUIDEZ DIRECTOR	1 00	X						0	0	0
(17) VANESSA LARA PRESIDENT	1 00			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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CRYSTAL FLOYD TREASURER	1 00			X				0	0	0
(19) FLIP HASSETT EXECUTIVE DIRECTOR	47 80			X				51,625	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								51,625	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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*	**3**		No
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*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 36,040				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 155,697				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 890,644				
	g	Noncash contributions included in lines 1a-1f $ 109,180				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,082,381			
Program Service Revenue		Business Code				
	2a	PLEDGE AND AGENCY PROC 900099	67,312	67,312		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	67,312			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	322			322
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses 3,361				
	c	Gain or (loss) -3,361				
	d	Net gain or (loss) . . . . . ▶	-3,361	-3,361		
	8a	Gross income from fundraising events (not including $ 36,040 of contributions reported on line 1c) See Part IV, line 18 . . . a 83,169				
	b	Less direct expenses . . . b 111,564				
	c	Net income or (loss) from fundraising events . . ▶	-28,395			-28,395
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	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				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	1,118,259	63,951	0	-28,073

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	287,462	287,462		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	51,625	31,904	19,514	207
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	382,562	250,795	86,309	45,458
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	30,650	20,352	6,674	3,624
10	Payroll taxes	40,218	25,993	10,260	3,965
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	19,608		19,608	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	94,968	94,968		
12	Advertising and promotion	17,228	15,430		1,798
13	Office expenses	42,287	29,898	8,291	4,098
14	Information technology	15,233	9,901	3,656	1,676
15	Royalties . .				
16	Occupancy	38,951	25,319	9,347	4,285
17	Travel	17,763	14,458	865	2,440
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,598	30,080	10,413	105
20	Interest	325		325	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,170	3,361	1,241	568
23	Insurance	2,986	1,941	717	328
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES, FEES & SUBSCRIPTI	8,898	6,195	2,703	
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,096,532	848,057	179,923	68,552
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		409,136	1	584,931
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		237,060	3	255,558
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		6,152	9	35,339
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 60,401			
	b	Less accumulated depreciation	10b 14,115	40,975	10c	46,286
	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	0
	15	Other assets See Part IV, line 11		34,460	15	67,535
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		727,783	16	989,649
Liabilities	17	Accounts payable and accrued expenses		64,637	17	46,046
	18	Grants payable		57,879	18	55,660
	19	Deferred revenue		219,580	19	449,196
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		34,460	21	65,793
	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 to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		376,556	26	616,695
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		347,114	27	370,569
	28	Temporarily restricted net assets		4,113	28	2,385
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		351,227	33	372,954
	34	Total liabilities and net assets/fund balances		727,783	34	989,649

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,118,259
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,096,532
3	Revenue less expenses Subtract line 2 from line 1	3	21,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	351,227
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	372,954

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF MERCED COUNTY INC

Employer identification number
94-2633265

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	338,517	533,965	516,143	748,837	1,082,381	3,219,843
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	338,517	533,965	516,143	748,837	1,082,381	3,219,843
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)						605,267
6 **Public Support.** Subtract line 5 from line 4						2,614,576

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	338,517	533,965	516,143	748,837	1,082,381	3,219,843
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171	172	1,004	573	322	2,242
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		22				22
11 **Total support** (Add lines 7 through 10)						3,222,107

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	81 140 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	80 580 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,047	79	968
d Equipment		59,354	14,036	45,318
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				46,286

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) CASH HELD FOR OTHERS IN AGENCY CAPACITY	65,793
(2) OTHER ASSETS	1,742
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	67,535

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	1,118,259
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,096,532
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,727
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	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,727

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	1,106,523
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	14,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	28,173		
e	Add lines **2a** through **2d**			2e	42,173
3	Subtract line **2e** from line **1**			3	1,064,350
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	53,909		
c	Add lines **4a** and **4b**			4c	53,909
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,118,259

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

1	Total expenses and losses per audited financial statements			1	1,084,796
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	14,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	28,173		
e	Add lines **2a** through **2d**			2e	42,173
3	Subtract line **2e** from line **1**			3	1,042,623
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	53,909		
c	Add lines **4a** and **4b**			4c	53,909
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,096,532

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	UNITED WAY OF MERCED ACTS AS AN AGENT FOR OTHER NONPROFIT ORGANIZATIONS WHOSE PURPOSES MUST CONFORM TO OUR MISSION STATEMENT, "TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY " AMOUNTS HELD ON BEHALF OF THOSE ORGANIZATIONS ARE ACCOUNTED FOR IN SEPARATE BANK ACCOUNTS AND REPORTED AS LIABILITIES BY UNITED WAY OF MERCED DURING THE YEAR RECEIPTS TOTALED $71,012, DISBURSEMENTS TOTALED $39,678, AND ENDING CASH TOTALED $65,794
PART XII, LINE 2D - OTHER ADJUSTMENTS		REFUNDS REDUCED EXPENSES ON FORM 990 SUBLEASE OF RENTED BUILDING REDUCED EXPENSES ON FORM 990
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS TO OTHER ORGANIZATIONS LOSS ON DISPOSAL OF ASSETS
PART XIII, LINE 2D - OTHER ADJUSTMENTS		REFUNDS REDUCED EXPENSES ON FORM 990 SUBLEASE OF RENTED BUILDING REDUCED EXPENSES ON FORM 990
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS TO OTHER ORGANIZATIONS LOSS ON DISPOSAL OF ASSETS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF MERCED COUNTY INC

Employer identification number
94-2633265

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MERCO BIKE RACE (event type)	(b) Event #2 PEDAL MERCED (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	100,239	13,020	5,950	119,209
	2 Less Charitable contributions	25,000	11,040		36,040
	3 Gross income (line 1 minus line 2)	75,239	1,980	5,950	83,169
Direct Expenses	4 Cash prizes	20,854			20,854
	5 Non-cash prizes		125		125
	6 Rent/facility costs		437	340	777
	7 Food and beverages	2,752	771	1,703	5,226
	8 Entertainment				
	9 Other direct expenses	79,453	4,855	274	84,582
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(111,564)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-28,395

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

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" to 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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) BOYS AND GIRLS CLUB OF MERCED COUNTY815 WEST 15TH STREET MERCED,CA 95340	77-0357487	501(C)(3)	6,556				AFTER SCHOOL MENTORING AND NUTRITION PROGRAM
(2) CENTER OF VISION ENHANCEMENT1240 D STREET MERCED,CA 95341	68-0670036	501(C)(3)	5,484				HELP FOR BLIND AND LOW VISION
(3) CEREBRAL PALSY ASSOCIATIONPO BOX 1286 MERCED,CA 95341	94-1494854	501(C)(3)	5,824				HELP FOR PHYSICALLY CHALLENGED
(4) DOS PALOS YOUTH IN CRISIS2017 BLOSSOM AVENUE DOS PALOS,CA 96320	06-1643746	501(C)(3)	10,232				FOOD AND CLOTHING PANTRY
(5) MERCED COUNTY FOOD BANK2000 WEST OLIVE AVENUE MERCED,CA 95340	80-0093563	501(C)(3)	17,704				FOOD DISTRIBUTION CENTER
(6) PLANNED PARENTHOOD MAR MONTE 3166 COLLINS DRIVE MERCED,CA 95348	94-1583439	501(C)(3)	5,043				PREVENTION FOR YOUNG MALES
(7) CASTLE CHALLENGER LEARNING CENTER3460 CHALLENGER WAY ATWATER,CA 95301	77-0324079	501(C)(3)	5,120				SPACE MISSIONS
(8) CATHOLIC CHARITIES OF MERCED COUNTY336 WEST MAIN STREET 1 MERCED,CA 95340	94-1678938	501(C)(3)	5,940				FOOD AND CLOTHING

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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, INCLUDING 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 COMPLY WITH OUR REQUIREMENTS WILL CAUSE THEM TO LOSE THEIR AWARD

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-2633265
Name: UNITED WAY OF MERCED COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BOYS AND GIRLS CLUB OF MERCED COUNTY815 WEST 15TH STREET MERCED,CA 95340	77-0357487	501(C)(3)	6,556				AFTER SCHOOL MENTORING AND NUTRITION PROGRAM
CENTER OF VISION ENHANCEMENT 1240 D STREET MERCED,CA 95341	68-0670036	501(C)(3)	5,484				HELP FOR BLIND AND LOW VISION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CEREBRAL PALSY ASSOCIATIONPO BOX 1286 MERCED,CA 95341	94-1494854	501(C)(3)	5,824				HELP FOR PHYSICALLY CHALLENGED
DOS PALOS YOUTH IN CRISIS2017 BLOSSOM AVENUE DOS PALOS,CA 96320	06-1643746	501(C)(3)	10,232				FOOD AND CLOTHING PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 BANK2000 WEST OLIVE AVENUE MERCED,CA 95340	80-0093563	501(C)(3)	17,704				FOOD DISTRIBUTION CENTER
PLANNED PARENTHOOD MAR MONTE3166 COLLINS DRIVE MERCED,CA 95348	94-1583439	501(C)(3)	5,043				PREVENTION FOR YOUNG MALES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CASTLE CHALLENGER LEARNING CENTER 3460 CHALLENGER WAY ATWATER,CA 95301	77-0324079	501(C)(3)	5,120				SPACE MISSIONS
CATHOLIC CHARITIES OF MERCED COUNTY 336 WEST MAIN STREET 1 MERCED,CA 95340	94-1678938	501(C)(3)	5,940				FOOD AND CLOTHING

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF MERCED COUNTY INC

Employer identification number
94-2633265

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (FOOD/HYGIENE/AVON BOXES)	X	1	103,487	
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF MERCED COUNTY INC

Employer identification number
94-2633265

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN PARTNERSHIP WITH MERCED COUNTY HUMAN SERVICES AGENCY AND LIFELINE COMMUNITY CENTER IN WINTON, UNITES WAY OF MERCED COUNTY ESTABLISHED SITES FOR LOW INCOME FAMILIES AND INDIVIDUALS TO GET HELP SUBMITTING THEIR TAX FORMS VOLUNTEERS WERE TRAINED BY TYHE INTERNAL REVENUE SERVICE AND WERE ABLE TO HELP OVER 750 PEOPLE SUBMIT THEIR TAX FORMS, RESULTING IN OVER $870,000 IN REFUNDS OF THAT AMOUNT, OVER $400,000 WAS EARNED INCOME TAX CREDITS WHICH IS FUNDS THEY RECEIVE OVER AND ABOVE WHAT WAS WITHHELD FROM WAGES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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, INCLUDING 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 COMPLY WITH OUR REQUIREMENTS WILL CAUS THEM TO LOSE THEIR AWARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY COMPARABILITY DATA IS OBTAINED FOR SIMILAR POSITIONS IN SIMILAR SIZED ORGANIZATIONS IN SIMILAR SIZED GEOGRAPHIC AREAS THE DECISION MAKING PROCESS IS INCLUDED IN BOARD MEETING MINUTES

Identifier	Return Reference	Explanation
	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 658 WEST MAIN STREET, MERCED, CA 95340

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGES FROM PRIOR YEAR

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 1	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 WHI CH IS SOLICITING DONATIONS FROM PEOPLE TO SUPPORT THE PROGRAMS OF NON-PROFIT CHARITIES AND STAFF TO RUN PROGRAMS BENEFITING NON-PROFIT CHARITIES WE COLLABORATE AND PARTNER WITH OTH ER NON-PROFIT ORGANIZATIONS,GOVERNMENT, EDUCATIONAL ORGANIZATIONS, FAITH-BASED ORGANIZATIO NS, BUSINESSES AND PRIVATE INDIVIDUALS TO DEVELOP INITIATIVES THAT ADDRESS PRESSING SOCIAL ISSUES IN OUR COMMUNITY OUR EFFORTS INCLUDE THE FOLLOWING -PROVIDE TRAINING AND GUIDANC E TO NON-PROFIT AGENCIES IN PRODUCING PROGRAMS THAT ACTUALLY IMPROVE THE LIVES OF THE PEO PLE WHO PARTAKE OF THEIR PROGRAMS, AND THAT SUPPORT BOARD DEVELOPMENT AND INTER-AGENCY COL LABORATION -WE ASSISTED A GROUP OF AGENCIAES THAT DEVELOPED A CALIFORNIA ENDOWMENT GRANT TO BUILD HEALTHY COMMUNITIES -WE ARE A PARTNER IN THE MERCED COMMUNITY VIOLENCE INTERVENT ION AND PREVENTION TASK FORCE (COMVIP) THAT IS MADE UP OF LOCAL AGENCIES, INDIVIDUALS, FAT H-BASED, AND COMMUNITY ORGANIZATIONS WORKING COLLABORATIVELY TO REDUCE VIOLENCE IN OUR COM MUNITY WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION -WE ARE A MEMBER OF THE B USINESS EDUCATION ALLIANCE OF MERCED COUNTY (B E A M), A PARTNERSHIP OF COMMITTED BUSINES S, EDUCATION, GOVERNMENT, AND COMMUNITY LEADERS WHO SUPPORT EARLY CHILDHOOD DEVELOPMENT AN D QUALITY CHILD CARE THAT LEADS TO WORKFORCE DEVELOPMENT AND ECONOMIC GROWTH IN MERCED COU NTY WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION -WE ARE 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 -WE CHAIR THE LOCAL BOARD OF T HE EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM THAT PROVIDES FEDERAL FUNDING TO LOCA L AGENCIES WHO PROVIDE EMERGENCY FOOD AND/OR SHELTER TO THIOSE LESS FORTUNATE -WE ARE A M EMBER OF THE MERCED COUNTY HUNGER TASK FORCE AND CHAIR A SUB-COMMITTEE ON PANTRIES THE TA SK FORCE WANTS TO MAKE SURE NO ONE GOES HUNGRY IN MERCED COUNTY THE PANTRY COMMITTEE WORK S TO IMPROVE THE FLOW OF FOOD FROM DONORS AND OTHER RESOURCES TO THE FOOD BANKTO PANTRIES TO THE HUNGRY ASSURING HEALTHY FOOD FOR THEIR DIETS -WE ARE A MEMBER OF THE "COMMUNITY PA RTNERSHIP ALLIANCE", A COMMUNITY LED, MULTI-ETHNIC INITIATIVE TO CREATE, LEVERAGE, AND PRO MOTE CHANGE THAT MAXIMIZES THE EDUCATIONAL AND ECONOMIC PROSPERITY OF OUR MULTICULTURAL CO MMUNITY WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION -WE ARE A MAJOR STAKEHOL DER IN THE ANNUAL MERCED CYCLING CLASSIC THAT INCLUDES A DOWNTOWN GRAND PRIX AND A FOOTHIL LS ROAD RACE AND TIME TRIALS EVENTS AS WELL AS A COMMUNITY FUN FAIR WITH FOOD, ENTERTAINME NT, BOUNCE HOUSES AND MORE THERE ARE ALSO EVENTS FOR AMATURES AND CHILDREN IT IS A GREAT FAMILY EVENT AS WELL AS A HUGE BOOST TO THE LOCAL ECONOMY -WE CONDUCT A FAMILY FUN DAY C ALLED "PEDAL MERCED' THAT HAS FAMILIES PARTICIPATING IN A 10 MILE BICYCLE RIDE THAT INCLUD ES STOPS AT SEVERAL PARKS TO COMPETE IN FUN AND GAMES AND COLLECT A STMP ON THEIR 'PASSPOR T' WHICH WILL ENTER THEM INTO A DRAWINGAT THE END THEY ARE THEN TREATED TO A BARBEQUE CHI CKEN LUNCH PARTICIPANTS CLAIM IT TO BE THE BEST FAMILY FUN EVENT IN MERCED -WE SPONSOR A COMMUNITY 'DAY OF ACTION' IN WHICH VOLUNTEERS MAKE REPAIRS FOR NON-PROFIT AGENCIES,SORT D ONATED NON-PERISHABLE FOOD FOR THE FOOD BANK AND PERFORM CLEAN-UP FOR NON-PROFIT AND PUBLI C FACILITIES, ETC -WE WORK WITH TARGET STORES TO PROVIDE DECORATED CHRISTMAS TREES TO NEE DY FAMILIES THROUGHOUT MERCED COUNTY -WE COLLABORATE WITH THE MARINE CORPS, LAW WNFORCEME NT, NON-PROFITAGENCIES TO PROVIDE TOYS TO NEEDY CHILDREN AT CHRISTMAS TIME -WE WORK WITH BARNES AND NOBLE BOOK STORE AND SCHOOLS TO GET GOOD BOOKS INTO THE HANDS OF CHILDREN WHO H AVE NO MEANS TO ACQUIRE BOOKS -WE PARTNER WITH MERCED UNION HIGH SCHOOL DISTRICT AND MERC ED CITY SCHOOL DISTRICT IN A PROGRAM "CHARACTER COUNTS " IT IS AN EDUCATIONAL FRAMEWORK BA SED ON GOOD DECISION MAKING AND SIX PILLARS OF GOOD CHARACTER TRUSTWORTHINESS, RESPECT, R ESPONSIBILITY, FAIRNESS, CARING AND CITIZENSHIP THE ABILITY TO SHARE VALUES WITH THE NEXT GENERATION IS CRITICAL FOR A HEALTHY AND SAFE COMMUNITY -WE WORK WITH THE NATIONAL FAMIL YWIZE ORGANIZATION TO PROVIDE PRESCRIPTION DRUG DISCOUNT CARDS TO THOSE WHO HAVE NO INSURA NCE COVERAGE OR WHOSE PLAN DOES NOT COVER THE DRUG THEY WERE PRESCRIBED SAVINGS TO PEOPLE IN MERCED COUNTY IN FISCAL YEAR 2011-2012 TOTALED $145,541 -SUPPORT THE GREATER MERCED CH AMBER OF COMMERCE "LEADERSHIP MERCED' PROGRAM THAT HELPS COMMUNITY MEMBERS ASSUME LEADERSH IP ROLES IN A COMMUNITY INCLUDED CONDUCTING "FUTURE COMMITMENT DAY" THIS YEAR -WE ARE AM EMBER OF THE CHILDREN'S MOVEMENT, AN EFFORT BY LOCAL BUSINESS PEOPLE AND OTHERS WHO WANT T O MAKE A DIFFERENCE, BE PART OF SOMETHING TRULY MEANINGFUL, AND ASSURE THAT OUR CHILDREN S UCCEED THE CHILDREN'S MOVEMENT IS COMMITTED TO MA

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 1	KING CHILDREN A TOP PRIORITY OF THE BUSINESS SECTOR OF OUR COMMUNITY WE ALSO SERVE AS FIS CAL AGENT FOR THIS ORGANIZATION -WITH THE SUPPORT OF PACIFIC GAS AND ELECTRIC, WE PUT ON A FREE BREAKFAST FOR SENIORS IN MERCED AND LIVINGSTON -WE ARE A MEMBER OF THE COMMUNITY N UTRITION EXPANSION PROJECT, A USDA GRANT FUNDED PROJECT THE OBJECTIVE IS TO DEVELOP COMMO N GOALS AND NUTRITION EDUCATION MESSAGES, SHARE RESOURCES, INCREASE COORDINATION AND ADDRE SS INSECURITY THE FIRST ESTABLISHED GOAL IN MERCED COUNTY WAS TO INCREASE ENROLLMENT IN C ALFRESH (FORMERLY THE FOOD STAMP PROGRAM), AS MANY ELIGIBLE FAMILIES DO NOT PARTICIPATE CA LFRESH ENABLES LOW INCOME FAMILIES TO OBTAIN FRESH FRUITS, VEGETABLES AND PROTEIN THAT THE IR MEAGER MEANS WOULD OTHERWISE NOT PERMIT -WE WORKED WITH THE MERCED COUNTY FOOD BANK TO DISTRIBUTE $100,000 OF FOOD AND PERSONAL CARE ITEMS DONATED BY FEED THE CHILDREN TO 400 N EEDY FAMILIES IDENTIFIED BY PARTNER NON-PROFIT CHARITIES IN THE COMMUNITY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493106010113

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
UNITED WAY OF MERCED COUNTY INC	FORM 990 PAGE 10	94-2633265

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	**17**	10,883
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property		See Add'l Data				
c	7-year property		See Add'l Data				
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	13,526
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	27
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	27

Additional Data

Software ID:
Software Version:
EIN: 94-2633265
Name: UNITED WAY OF MERCED COUNTY INC

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
b 5-year property		789	5 0	HY	200 DB	158
b 5-year property		120	5 0	HY	200 DB	24
b 5-year property		1,101	5 0	HY	200 DB	220
b 5-year property		99	5 0	HY	200 DB	20
b 5-year property		799	5 0	HY	200 DB	160
b 5-year property		24	5 0	HY	200 DB	5
b 5-year property		1,229	5 0	HY	200 DB	246
b 5-year property		350	5 0	HY	200 DB	70
b 5-year property		1,546	5 0	HY	200 DB	309
b 5-year property		1,249	5 0	HY	200 DB	250
b 5-year property		155	5 0	HY	200 DB	31
b 5-year property		86	5 0	HY	200 DB	17
b 5-year property		86	5 0	HY	200 DB	17
b 5-year property		86	5 0	HY	200 DB	17
b 5-year property		86	5 0	HY	200 DB	17
b 5-year property		177	5 0	HY	200 DB	35
b 5-year property		177	5 0	HY	200 DB	35
b 5-year property		177	5 0	HY	200 DB	35
b 5-year property		177	5 0	HY	200 DB	35
b 5-year property		177	5 0	HY	200 DB	35
b 5-year property		91	5 0	HY	200 DB	18
b 5-year property		482	5 0	HY	200 DB	96
b 5-year property		75	5 0	HY	200 DB	15
b 5-year property		105	5 0	HY	200 DB	21
b 5-year property		492	5 0	HY	200 DB	98
b 5-year property		492	5 0	HY	200 DB	98
b 5-year property		229	5 0	HY	200 DB	46
b 5-year property		181	5 0	HY	200 DB	36
b 5-year property		181	5 0	HY	200 DB	36
b 5-year property		181	5 0	HY	200 DB	36

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 5-year property		181	5 0	HY	200 DB	36
b 5-year property		348	5 0	HY	200 DB	70

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
c 7-year property		91	7 0	HY	200 DB	13
c 7-year property		82	7 0	HY	200 DB	12
c 7-year property		205	7 0	HY	200 DB	29
c 7-year property		532	7 0	HY	200 DB	76
c 7-year property		101	7 0	HY	200 DB	14
c 7-year property		107	7 0	HY	200 DB	15
c 7-year property		215	7 0	HY	200 DB	31
c 7-year property		50	7 0	HY	200 DB	7
c 7-year property		145	7 0	HY	200 DB	21
c 7-year property		44	7 0	HY	200 DB	6
c 7-year property		143	7 0	HY	200 DB	20
c 7-year property		249	7 0	HY	200 DB	36
c 7-year property		150	7 0	HY	200 DB	21

Additional Data

Software ID:
Software Version:
EIN: 94-2633265
Name: UNITED WAY OF MERCED COUNTY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 212,676 including grants of $) (Revenue $)

STAFF AND RESOURCES ARE USED TO PROMOTE COMMUNITY INITIATIVES AND PROGRAMS SPONSORED BY OTHER NON-PROFIT AND GOVERNMENTAL AGENCIES WITHIN MERCED COUNTY EACH OF THE ACTIVITIES MUST CONFORM TO OUR MISSION STATEMEN, "TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY"