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Part IIIStatement 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 AGENCIES, AND FAITH BASED GROUPS TO RESOLVE SOCIAL ISSUES IN THE COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 205,244 including grants of \$ 150,576) (Revenue \$ 87,585)

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 THERSE 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 \$ 434,942 including grants of \$ 23,000) (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 UNHEALTHY CONDITIONS IN THE IDENTIFIED LOCATIONS THEY ALSO PROVIDE EDUCATIONAL MATERIALS ABOUT LIVING HEALTHY USING SOCIAL MEDIA AND DEMONSTRATIONS/PRESENTATIONS AT COMMUNITY EVENTS

4c

(Code) (Expenses \$ 88,292 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 \$ 171,248 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 \$ 171,248 including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

899,726

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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.	31	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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	12
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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, securities account, or other financial 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 as charitable contributions?		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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the 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	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	15	
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 this 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 ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MILLY YANG 658 WEST MAIN STREET MERCED, CA (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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) JANICE RECTOR VICE PRESIDENT	1 00	X						0	0	0
(13) ANDRE URQUIDEZ DIRECTOR	1 00	X						0	0	0
(14) DIANA SHAVER PRESIDENT	1 00			X				0	0	0
(15) CRYSTAL FLOYD TREASURER	1 00			X				0	0	0
(16) FLIP HASSETT EXECUTIVE DIRECTOR	47 80			X				45,908	0	0

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b	Sub-Total										
c	Total from continuation sheets to Part VII, Section A										
d	Total (add lines 1b and 1c)							45,908	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	40,050			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	50,625			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	958,226			
	g	Noncash contributions included in lines 1a-1f \$	2,268			
	h	Total. Add lines 1a-1f	1,048,901			
Program Service Revenue	2a	PLEDGE AND AGENCY PROC				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	76,817			
		Business Code				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	210			210
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	317	317		
	8a	Gross income from fundraising events (not including \$ 40,050 of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events	-22,830			-22,830
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
	11a	SUBLEASE INCOME	8,383	8,383		
	b	MISCELLANEOUS INCOME	2,068	2,068		
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	10,451			
	12	Total revenue. See Instructions	1,113,866	87,585	0	-22,620

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	173,576	173,576		
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	45,908	32,140	13,050	718
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	346,333	240,399	72,970	32,964
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,867	25,738	2,166	2,963
10	Payroll taxes	35,280	23,930	8,505	2,845
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	18,851		18,851	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	172,812	171,980		832
12	Advertising and promotion	41,458	39,611	238	1,609
13	Office expenses	37,027	33,407	3,335	285
14	Information technology	21,498	14,833	4,730	1,935
15	Royalties				
16	Occupancy	81,619	56,318	17,956	7,345
17	Travel	16,446	13,862	666	1,918
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,696	57,855	9,357	484
20	Interest				
21	Payments to affiliates	5,128	5,128		
22	Depreciation, depletion, and amortization	6,029	4,160	1,326	543
23	Insurance	3,399	2,345	748	306
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	DUES, FEES & SUBSCRIPTI	2,146	873	1,273	
b	VOLUNTEER/STAFF EXPENSE	2,004	2,004		
c	STORAGE	1,008	696	221	91
d	DIRECT DEPOSIT FEES	871	871		
e	All other expenses	1,093		402	691
25	Total functional expenses. Add lines 1 through 24e	1,111,049	899,726	155,794	55,529
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			584,931	1	708,170
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			255,558	3	223,419
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			35,339	9	29,999
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	71,961	46,286	10c	51,912
	b	Less accumulated depreciation	10b	20,049			
	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			0	14	0
	15	Other assets See Part IV, line 11			67,535	15	61,141
16	Total assets. Add lines 1 through 15 (must equal line 34)			989,649	16	1,074,641	
Liabilities	17	Accounts payable and accrued expenses			46,046	17	38,254
	18	Grants payable			55,660	18	44,270
	19	Deferred revenue			449,196	19	555,205
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			65,793	21	61,141
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				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			616,695	26	698,870
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			370,569	27	368,903
	28	Temporarily restricted net assets			2,385	28	6,868
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			372,954	33	375,771
	34	Total liabilities and net assets/fund balances			989,649	34	1,074,641

Part XI Reconciliation 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	1,113,866
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,111,049
3	Revenue less expenses Subtract line 2 from line 1	3	2,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	372,954
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	375,771

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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

2012

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 described in **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 - Non-functionally integrated
- 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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	533,965	516,143	748,837	1,082,381	1,008,851	3,890,177
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	533,965	516,143	748,837	1,082,381	1,008,851	3,890,177
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)						940,640
6 Public support. Subtract line 5 from line 4						2,949,537

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	533,965	516,143	748,837	1,082,381	1,008,851	3,890,177
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	172	1,004	573	322	210	2,281
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	22					22
11 Total support (Add lines 7 through 10)						3,892,480
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 2012 (line 6, column (f) divided by line 11, column (f))	14	75 780 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	81 140 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶✔
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII 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	105	942
d Equipment		70,914	19,944	50,970
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				51,912

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	1,061,478
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,061,478
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	52,388		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,113,866
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	1,058,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-317		
e	Add lines 2a through 2d			2e	-317
3	Subtract line 2e from line 1			3	1,058,978
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	52,071		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,111,049

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 TOALED \$80,681, DISBURSEMENTS TOALED \$85,334, AND ENDING CASH TOALED \$61,141
PART XI, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS TO OTHER ORGANIZATIONS GAIN ON DISPOAL OF ASSETS
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON SALE OF ASSETS
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS TO OTHER ORGANIZATIONS

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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MERCO BIKE RACE (event type)	PEDAL MERCED (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	115,353	14,011	129,364
	2	Less Contributions . . .	30,000	10,050	40,050
	3	Gross income (line 1 minus line 2)	85,353	3,961	89,314
Direct Expenses	4	Cash prizes	18,625		18,625
	5	Noncash prizes . . .		80	80
	6	Rent/facility costs . . .	1,000		1,000
	7	Food and beverages .	3,224	162	3,386
	8	Entertainment			
	9	Other direct expenses .	86,474	6,747	93,221
	10	Direct expense summary Add lines 4 through 9 in column (d)			(116,312)
	11	Net income summary Combine line 3, column (d), and line 10			-26,998

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			
	2	Cash prizes			
Direct Expenses	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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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DLN: 93493045032054

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

2012

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. Part II can be duplicated 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) PLANNED PARENTHOOD MAR MONTE 3166 COLLINS DRIVE MERCED,CA 95348	94-1583439	501(C)(3)	10,441				PREGNANCY PREVENTION FOR YOUNG MEN AGE GROUP 13-18 YEARS OLD
(2) CATHOLIC CHARITIES OF MERCED COUNTY 336 WEST MAIN STREET 1 MERCED,CA 95340	94-1678938	501(C)(3)	8,120				ASSIST WITH IMMEDIATE FOOD AND CLOTHING NEEDS
(3) CASA OF MERCED COUNTY PO BOX 2362 MERCED,CA 95344	27-2084694	501(C)(3)	12,018				CIRCLE OF SUPPORT FOR FOSTER CHILDREN
(4) DEAF AND HARD OF HEARING 5340 N FRESNO STREET FRESNO,CA 93710	77-0003788	501(C)(3)	11,414				TRAINING SESSIONS TO HELP IMPROVE THE LIFE OF HARD OF HEARING INDIVIDUALS
(5) MERCED SYMPHONY ASSOCIATION PO BOX 894 MERCED,CA 95341	94-1541775	501(C)(3)	5,000				ENHANCED THE EXPERIENCE OF ELEMENTARY SCHOOL CHILDREN ON LIVE CLASSICAL CONCERT EVENTS
(6) SACRED ROK 319 IRIS STREET REDWOOD CITY,CA 94062	80-0440822	501(C)(3)	1,500				PROVIDES YOUTH AN OPPORTUNITY TO EXPERIENCE NATURE
(7) VALLEY CRISIS CENTER - MERCED COUNTY PO BOX 2075 MARIPOSA,CA 95338	77-0272319	501(C)(3)	14,583				DOMESTIC VIOLENCE PREVENTION AND ACCESS TO AVAILABLE SERVICES
(8) GREATER YOSEMITE COUNCIL - BOY SCOUTS 4301 TECHNOLOGY DRIVE MODESTO,CA 95356	22-1576300	501(C)(3)	6,018				PROVIDING A POSITIVE AFTER-SCHOOL ADULT SUPERVISED SCOUTING ATHLETIC PROGRAM FOR YOUTH AGES 6-18 YEARS OLD
(9) UC MERCED POLICE MENTOR PROGRAM 5200 N LAKE ROAD MERCED,CA 95344	94-3250114	501(C)(3)	11,238				PROMOTE CIVIC RESPONSIBILITY AND ROLE MODELS FOR AT-RISK YOUTH IN SOUTH MERCED
(10) HABITAT FOR HUMANITY - WESTSIDE MERCER CO PO BOX 1421 LOS BANOS,CA 93635	20-1497263	501(C)(3)	13,126				ADVOCACY AROUND ADEQUATE HOUSING THROUGH VOLUNTEER SERVICE AND EDUCATION

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.
Part III can be duplicated 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, Part III, column (b), 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

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
PLANNED PARENTHOOD MAR MONTE3166 COLLINS DRIVE MERCED,CA 95348	94-1583439	501(C)(3)	10,441				PREGNANCY PREVENTION FOR YOUNG MEN AGE GROUP 13-18 YEARS OLD
CATHOLIC CHARITIES OF MERCED COUNTY336 WEST MAIN STREET 1 MERCED,CA 95340	94-1678938	501(C)(3)	8,120				ASSIST WITH IMMEDIATE FOOD AND CLOTHING NEEDS

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
CASA OF MERCED COUNTYPO BOX 2362 MERCED,CA 95344	27-2084694	501(C)(3)	12,018				CIRCLE OF SUPPORT FOR FOSTER CHILDREN
DEAF AND HARD OF HEARING5340 N FRESNO STREET FRESNO,CA 93710	77-0003788	501(C)(3)	11,414				TRAINING SESSIONS TO HELP IMPROVE THE LIFE OF HARD OF HEARING INDIVIDUALS

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 SYMPHONY ASSOCIATIONPO BOX 894 MERCED,CA 95341	94-1541775	501(C)(3)	5,000				ENHANCED THE EXPERIENCE OF ELEMENTARY SCHOOL CHILDREN ON LIVE CLASSICAL CONCERT EVENTS
SACRED ROK319 IRIS STREET REDWOOD CITY,CA 94062	80-0440822	501(C)(3)	1,500				PROVIDES YOUTH AN OPPORTUNITY TO EXPERIENCE NATURE

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
VALLEY CRISIS CENTER - MERCED COUNTYPO BOX 2075 MARIPOSA,CA 95338	77-0272319	501(C)(3)	14,583				DOMESTIC VIOLENCE PREVENTION AND ACCESS TO AVAILABLE SERVICES
GREATER YOSEMITE COUNCIL - BOY SCOUTS 4301 TECHNOLOGY DRIVE MODESTO,CA 95356	22-1576300	501(C)(3)	6,018				PROVIDING A POSITIVE AFTER-SCHOOL ADULT SUPERVISED SCOUTING ATHLETIC PROGRAM FOR YOUTH AGES 6-18 YEARS OLD

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
UC MERCED POLICE MENTOR PROGRAM5200 N LAKE ROAD MERCED,CA 95344	94-3250114	501(C)(3)	11,238				PROMOTE CIVIC RESPONSIBILITY AND ROLE MODELS FOR AT-RISK YOUTH IN SOUTH MERCED
HABITAT FOR HUMANITY - WESTSIDE MERCER COPO BOX 1421 LOS BANOS,CA 93635	20-1497263	501(C)(3)	13,126				ADVOCACY AROUND ADEQUATE HOUSING THROUGH VOLUNTEER SERVICE AND EDUCATION

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

2012

Open to Public
Inspection

Name of the organization UNITED WAY OF MERCED COUNTY INC	Employer identification number 94-2633265
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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
OTHER FEES	FORM 990, PART IX, LINE 11G	FACILITATOR FEE PROGRAM SERVICE EXPENSES 17,930 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,930 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 27,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 27,000 STIPEND SUMMER PROGRAM PROGRAM SERVICE EXPENSES 530 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 530 PA CONTRACT & INSTRUCTOR FEES PROGRAM SERVICE EXPENSES 10,115 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,115 PROJECT MANAGEMENT PROGRAM SERVICE EXPENSES 20,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,000 EDUCATIONAL TRAINING CLASS PROGRAM SERVICE EXPENSES 5,885 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,885 OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 1,500 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,500 EVALUATION AND TRAINING PROGRAM SERVICE EXPENSES 4,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,000 QUALITY REVIEW PROGRAM SERVICE EXPENSES 745 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 745 EVALUATION AND LEARNING SPECIALIST PROGRAM SERVICE EXPENSES 70,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 70,000 INTERPRETERS AND TRANSLATORS PROGRAM SERVICE EXPENSES 14,275 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,275 CONTRACT LABOR PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 832 TOTAL EXPENSES 832

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX 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 WHICH 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 OTHER NON-PROFIT ORGANIZATIONS, GOVERNMENT, EDUCATIONAL ORGANIZATIONS, FAITH-BASED ORGANIZATIONS, BUSINESSES AND PRIVATE INDIVIDUALS TO DEVELOP INITIATIVES THAT ADDRESS PRESSING SOCIAL ISSUES IN OUR COMMUNITY OUR EFFORTS INCLUDE THE FOLLOWING -PROVIDE TRAINING AND GUIDANCE TO NON-PROFIT AGENCIES IN PRODUCING PROGRAMS THAT ACTUALLY IMPROVE THE LIVES OF THE PEOPLE WHO PARTAKE OF THEIR PROGRAMS, AND THAT SUPPORT BOARD DEVELOPMENT AND INTER-AGENCY COLLABORATION -WE ARE A PARTNER IN THE MERCED COMMUNITY VIOLENCE INTERVENTION AND PREVENTION TASK FORCE (COMVIP) THAT IS MADE UP OF LOCAL AGENCIES, INDIVIDUALS, FATH-BASED, AND COMMUNITY ORGANIZATIONS WORKING COLLABORATIVELY TO REDUCE VIOLENCE IN OUR COMMUNITY -WE ARE A MEMBER OF THE BUSINESS EDUCATION ALLIANCE OF MERCED COUNTY (B E A M), A PARTNERSHIP OF COMMITTED BUSINESS, EDUCATION, GOVERNMENT, AND COMMUNITY LEADERS WHO SUPPORT EARLY CHILDHOOD DEVELOPMENT AND QUALITY CHILD CARE THAT LEADS TO WORKFORCE DEVELOPMENT AND ECONOMIC GROWTH IN MERCED COUNTY WE ALSO SERVE AS THE FISCAL AGENT FOR THIS ORGANIZATION -WE CHAIR THE LOCAL BOARD OF THE EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM THAT PROVIDES FEDERAL FUNDING TO LOCAL AGENCIES WHO PROVIDE EMERGENCY FOOD AND/OR SHELTER TO THIOSE LESS FORTUNATE -WE ARE A MEMBER OF THE MERCED COUNTY HUNGER TASK FORCE AND CHAIR A SUB-COMMITTEE ON PANTRIES THE TASK FORCE WANTS TO MAKE SURE NO ONE GOES HUNGRY IN MERCED COUNTY THE PANTRY COMMITTEE WORKS TO IMPROVE THE FLOW OF FOOD FROM DONORS AND OTHER RESOURCES TO THE FOOD BANK TO PANTRIES TO THE HUNGRY ASSURING HEALTHY FOOD FOR THEIR DIETS -WE ARE A MEMBER OF THE "COMMUNITY PARTNERSHIP ALLIANCE", A COMMUNITY LED, MULTI-ETHNIC INITIATIVE TO CREATE, LEVERAGE, AND PROMOTE CHANGE THAT MAXIMIZES THE EDUCATIONAL AND ECONOMIC PROSPERITY OF OUR MULTICULTURAL COMMUNITY -WE ARE A MAJOR STAKEHOLDER IN THE ANNUAL MERCED CYCLING CLASSIC THAT INCLUDES A DOWNTOWN GRAND PRIX AND A FOOTHILLS ROAD RACE AND TIME TRIALS EVENTS AS WELL AS A COMMUNITY FUN FAIR WITH FOOD, ENTERTAINMENT, 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 CALLED "PEDAL MERCED" THAT HAS FAMILIES PARTICIPATING IN A 10 MILE BICYCLE RIDE THAT INCLUDES STOPS AT SEVERAL PARKS TO COMPETE IN FUN AND GAMES AND COLLECT A STMP ON THEIR 'PASSPORT' WHICH WILL ENTER THEM INTO A DRAWINGAT THE END THEY ARE THEN TREATED TO A BARBEQUE CHICKEN 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 DONATED NON-PERISHABLE FOOD FOR THE FOOD BANK AND PERFORM CLEAN-UP FOR NON-PROFIT AND PUBLIC FACILITIES, ETC -WE PARTNER WITH MERCED UNION HIGH SCHOOL DISTRICT AND MERCED CITY SCHOOL DISTRICT IN A PROGRAM "CHARACTER COUNTS " IT IS AN EDUCATIONAL FRAMEWORK BASED ON GOOD DECISION MAKING AND SIX PILLARS OF GOOD CHARACTER TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING AND CITIZENSHIP THE ABILITY TO SHARE VALUES WITH THE NEXT GENERATION IS CRITICAL FOR A HEALTHY AND SAFE COMMUNITY -WE WORK WITH THE NATIONAL FAMILYWIZE ORGANIZATION TO PROVIDE PRESCRIPTION DRUG DISCOUNT CARDS TO THOSE WHO HAVE NO INSURANCE COVERAGE OR WHOSE PLAN DOES NOT COVER THE DRUG THEY WERE PRESCRIBED SAVINGS TO PEOPLE IN MERCED COUNTY IN FISCAL YEAR 2012-2013 -SUPPORT THE GREATER MERCED CHAMBER OF COMMERCE "LEADERSHIP MERCED' PROGRAM THAT HELPS COMMUNITY MEMBERS ASSUME LEADERSHIP ROLES IN A COMMUNITY INCLUDED CONDUCTING "FUTURE COMMITMENT DAY" THIS YEAR -WE ARE A MEMBER OF THE CHILDREN'S MOVEMENT, AN EFFORT BY LOCAL BUSINESS PEOPLE AND OTHERS WHO WANT TO MAKE A DIFFERENCE, BE PART OF SOMETHING TRULY MEANINGFUL, AND ASSURE THAT OUR CHILDREN SUCCEED THE CHILDREN'S MOVEMENT IS COMMITTED TO MAKING CHILDREN A TOP PRIORITY OF THE BUSINESS SECTOR OF OUR COMMUNITY -IN PARTNERSHIP WITH MERCED COUNTY HUMAN SERVICES AGENCY AND LIFELINE COMMUNITY CENTER IN WINTON, UNITED WAY OF MERCED COUNTY ESTABLISHED SITES FOR LOW INCOME FAMILITES AND INDIVIDUALS TO GET HELP PREPARING AND FILING THEIR TAX RETURNS VOLUNTEERS WERE TRAINED TO HELP OVER 580 PEOPLE TO FILE THEIR TAX RETURNS RESULTING IN OVER \$880,000 IN REFUNDS -IN PARTNERSHIP WITH CITI COMMUNITY DEVELOPMENT, WE DEVELOPED THE ROOT SOCIAL PROGRAM DESIGNED TO BOOST SMALL BUSINESS COMMUNITY IN MERCED COUNTY THROUGH THE NETWORKING POWER OF SOCIAL MEDIA

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

2012

Attachment
Sequence No **179**

Name(s) shown on return
UNITED WAY OF MERCED COUNTY INC

Business or activity to which this form relates
FORM 990 PAGE 10

Identifying number

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	
6				
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 2011 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 2013 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 2012	17	10,857
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 2012 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 2012 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	13,259
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	
25Special 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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 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 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 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		206	5 0	HY	200 DB	41
b 5-year property		542	5 0	HY	200 DB	108
b 5-year property		75	5 0	HY	200 DB	15
b 5-year property		833	5 0	HY	200 DB	167
b 5-year property		1,131	5 0	HY	200 DB	226
b 5-year property		1,307	5 0	HY	200 DB	261
b 5-year property		302	5 0	HY	200 DB	60
b 5-year property		958	5 0	HY	200 DB	192
b 5-year property		1,580	5 0	HY	200 DB	316
b 5-year property		215	5 0	HY	200 DB	43
b 5-year property		120	5 0	HY	200 DB	24
b 5-year property		243	5 0	HY	200 DB	49
b 5-year property		599	5 0	HY	200 DB	120
b 5-year property		742	5 0	HY	200 DB	148
b 5-year property		1,015	5 0	HY	200 DB	203
b 5-year property		108	5 0	HY	200 DB	22
b 5-year property		240	5 0	HY	200 DB	48
b 5-year property		349	5 0	HY	200 DB	70
b 5-year property		127	5 0	HY	200 DB	25
b 5-year property		252	5 0	HY	200 DB	50
b 5-year property		764	5 0	HY	200 DB	153

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		110	7 0	HY	200 DB	16
c 7-year property		120	7 0	HY	200 DB	17
c 7-year property		199	7 0	HY	200 DB	28