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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF MERCED COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

531 W MAIN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MERCED, CA 95340

F Name and address of principal officer

JEREMY MARTINEZ

531 W MAIN STREET

MERCED, CA 95340

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

94-2633265

E Telephone number

(209) 383-4242

G Gross receipts \$ 1,502,318

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYMERCED ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO FIGHT FOR THE HEALTH, EDUCATION, AND INCOME OF ALL MERCED COUNTY RESIDENTS SEE ATTACHED SCHEDULE O FOR DESCRIPTION OF ACTIVITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)

8

4 Number of independent voting members of the governing body (Part VI, line 1b)

8

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

37

6 Total number of volunteers (estimate if necessary)

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,281,952

Current Year

1,035,734

9 Program service revenue (Part VIII, line 2g)

351,787

Current Year

440,727

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

664

Current Year

-5,077

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

8,387

Current Year

15,233

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,642,790

Current Year

1,486,617

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

121,999

Current Year

94,512

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

Current Year

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

986,828

Current Year

963,552

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

Current Year

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶30,187

Current Year

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

579,554

Current Year

486,357

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,688,381

Current Year

1,544,421

19 Revenue less expenses Subtract line 18 from line 12

-45,591

Current Year

-57,804

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,225,851

Beginning of Current Year

1,418,051

21 Total liabilities (Part X, line 26)

652,845

Beginning of Current Year

915,935

22 Net assets or fund balances Subtract line 21 from line 20

573,006

Beginning of Current Year

502,116

Part II Signature Block

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

Sign Here

Signature of officer

2019-05-09

Date

JEREMY MARTINEZ CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

EDWARD C SPINARDI II

Preparer's signature

EDWARD C SPINARDI II

Date

2019-05-09

Check ☐ if self-employed

PTIN

P00112080

Firm's name ▶ SPINARDI & JONES

Firm's EIN ▶ 94-2679966

Firm's address ▶ 478 E YOSEMITE AVE STE A

Phone no (209) 722-7429

MERCED, CA 95340

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:"WE FIGHT FOR THE HEALTH, EDUCATION, AND INCOME OF ALL MERCED COUNTY RESIDENTS "**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 \$ 286,858	including grants of \$	83,776)	(Revenue \$ 5,139)
See Additional Data					

4b	(Code)	(Expenses \$ 305,886	including grants of \$		(Revenue \$ 363,198)
See Additional Data					

4c	(Code)	(Expenses \$ 409,587	including grants of \$	3,168)	(Revenue \$ 49,794)
See Additional Data					

(Code)	(Expenses \$ 295,683	including grants of \$	7,568)	(Revenue \$ 29,934)
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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 STATEMENT, "WE FIGHT FOR THE HEALTH, EDUCATION, AND INCOME OF ALL MERCED COUNTY RESIDENTS". ALL UNITED WAY OF MERCED COUNTY PARTNERSHIPS, INITIATIVES AND FUNDING OF VARIOUS NON-PROFIT PROGRAMS THROUGHOUT MERCED COUNTY MUST ALSO CONFORM TO IMPACTING THE HEALTH, EDUCATION, AND/OR INCOME OF MERCED COUNTY RESIDENTS.

4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 295,683	including grants of \$	7,568)	(Revenue \$ 29,934)	

4e	Total program service expenses	295,683	including grants of \$	7,568	(Revenue \$ 29,934)
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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 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	15	
b	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	37
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	No
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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 or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 8		
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	1b 8		
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, address, and telephone number of the person who possesses the organization's books and records. MILLY YANG 531 W MAIN STREET MERCED, CA 95340 (209) 383-4242	

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

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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[illegible]

[illegible]

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

Section B. Independent Contractors

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

Form 990 (2017)

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	99,423			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	936,311			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	1,035,734				
Program Service Revenue			Business Code				
	2a	LANGUAGE CARE INTERPRE	624100	363,198	363,198		
	b	PLEDGE AND AGENCY PROC	900099	77,529	77,529		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶	440,727					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶				
	4		Income from investment of tax-exempt bond proceeds ▶	465		465	
	5		Royalties ▶				
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses	5,542			
		c	Gain or (loss)	-5,542			
	d	Net gain or (loss) ▶		-5,542	-5,542		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		12,512			
		b	Less direct expenses b	10,159			
		c	Net income or (loss) from fundraising events . . . ▶		2,353		2,353
	9a	Gross income from gaming activities See Part IV, line 19 a					
b		Less direct expenses b					
c		Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances a						
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	9,930	9,930			
b	SUBLEASE INOCME	900099	2,950	2,950			
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶	12,880					
12	Total revenue. See Instructions ▶		1,486,617	448,065	0	2,818	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	94,512	94,512		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	68,347	17,947	49,340	1,060
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.	757,637	650,195	85,307	22,135
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	64,387	51,839	12,049	499
10 Payroll taxes.	73,181	61,685	10,963	533
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	23,219		23,219	
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).	160,313	160,313		
12 Advertising and promotion.	7,806	7,332		474
13 Office expenses.	24,722	19,853	4,484	385
14 Information technology.				
15 Royalties.				
16 Occupancy.	118,448	95,942	18,952	3,554
17 Travel.	12,825	11,729	690	406
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	46,819	44,645	2,174	
20 Interest.	25		25	
21 Payments to affiliates.	9,556	7,740	1,529	287
22 Depreciation, depletion, and amortization.	11,746	9,154	2,183	409
23 Insurance.	6,018	4,875	963	180
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 IN-KIND SERVICES/GOODS	47,648	47,648		
b MISCELLANEOUS	13,794	11,875	1,681	238
c DUES, FEES & SUBSCRIPTIONS	2,517		2,517	
d STORAGE	901	730	144	27
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	1,544,421	1,298,014	216,220	30,187
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		578,080	1	790,507	
	2	Savings and temporary cash investments		223,514	2	216,644	
	3	Pledges and grants receivable, net		318,932	3	240,442	
	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		36,748	9	26,601	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	77,488			
	b	Less: accumulated depreciation	10b	44,111	34,022	10c	33,377
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		34,555	15	110,480	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,225,851	16	1,418,051		
Liabilities	17	Accounts payable and accrued expenses		92,768	17	62,021	
	18	Grants payable		20,135	18	14,439	
	19	Deferred revenue		505,387	19	724,695	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		34,555	21	110,480	
	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		0	25	4,300	
	26	Total liabilities. Add lines 17 through 25		652,845	26	915,935	
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		573,006	27	502,116	
	28	Temporarily restricted net assets			28		
	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		573,006	33	502,116	
34	Total liabilities and net assets/fund balances		1,225,851	34	1,418,051		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,486,617
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,544,421
3	Revenue less expenses Subtract line 2 from line 1	3	-57,804
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	573,006
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	-13,086
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	502,116

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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
b 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		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

THE APPLICATIONS ARE REVIEWED BY A SUB-COMMITTEE OF THE UNITED WAY OF MERCED COUNTY BOARD OF DIRECTORS, NOW SERVING AS THE COMMUNITY INVESTMENT COMMITTEE (CIC) WE NO LONGER HAVE AN "ALL-VOLUNTEER COMMUNITY" GROUP, ALTHOUGH BOARD MEMBERS SERVING ON THIS COMMITTEE ARE INHERENTLY VOLUNTARILY GIVING OF THEIR TIME AS BOARD MEMBERS AND CIC SUB-COMMITTEE MEMBERS ORAL PRESENTATIONS ARE NO LONGER MADE, RATHER A LETTER OF INTENT (LOI) IS COMPLETED AND IF IT MEETS OUR CRITERIA FOR ELIGIBLE PROGRAMS, THEY ARE INVITED TO FULLY APPLY AND PROVIDED A FULL APPLICATION, THE SUB-COMMITTEE OF THE BOARD OF DIRECTORS (CIC) REVIEWS THOSE APPLICATIONS AND ELECT WHO TO AWARD FUNDING TO

Form 990, Part III, Line 4b:

TWENTY-FIVE BILINGUAL STAFF MEMBERS PROVIDE INTERPRETING SERVICES TO THE LOCAL HOSPITAL, CLINICS AND EMERGENCY ROOM VIA THE LANGUAGE CARE PROGRAM. INTERPRETING SERVICE IS PROVIDED 24 HOURS A DAY, 7 DAYS A WEEK WITH FACE-TO-FACE INTERPRETERS IN SIX LANGUAGES. A CONTRACT WITH DIGNITY HEALTH ASSISTS THEM WITH DELIVERING THE HIGHEST PROFESSIONAL LEVELS OF MEDICAL INTERPRETING TO COMPLEMENT THEIR EFFORTS IN PROVIDING THE FIRST LINE OF HEALTHCARE DEFENSE FOR THE PEOPLE OF THE COUNTY OF MERCED. THE LANGUAGE CARE PROGRAM HELPS TO ENSURE THAT NON-ENGLISH SPEAKING PATIENTS RECEIVE THE SAME LEVEL OF SERVICE AND ARE ACCORDED THE SAME RIGHTS TO HEALTH CARE AS ENGLISH SPEAKING PATIENTS. UNITED WAYS MISSION OF IMPROVING LIVES EXTENDS TO ALL PERSONS.

Form 990, Part III, Line 4c:

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 CONDITIONS IN 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

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	931,481	1,073,746	1,214,565	1,281,952	1,035,734	5,537,478
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	931,481	1,073,746	1,214,565	1,281,952	1,035,734	5,537,478
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)						1,740,044
6	Public support. Subtract line 5 from line 4						3,797,434

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	931,481	1,073,746	1,214,565	1,281,952	1,035,734	5,537,478
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143	1,219	336	664	465	2,827
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						5,540,305
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	1468 540 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	1560 550 %
16a	33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135072819	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2017 Open to Public Inspection
Name of the organization UNITED WAY OF MERCED COUNTY INC				Employer identification number 94-2633265	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on 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				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on 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) 2017			

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" on 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, for escrow or custodial account liability?

☒ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
d Equipment		77,488	44,111	33,377
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				33,377

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CASH HELD FOR OTHERS IN AGENCY CAPACITY	110,480
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	110,480

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
SUBLEASE SECURITY DEPOSITS	4,300	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,300	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,479,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,479,397
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	7,220
c	Add lines 4a and 4b	4c	7,220
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,486,617

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,537,201
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	5,541
e	Add lines 2a through 2d	2e	5,541
3	Subtract line 2e from line 1	3	1,531,660
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	12,761
c	Add lines 4a and 4b	4c	12,761
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,544,421

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	UNITED WAY OF MERCED ACTS AS AN AGENT FOR OTHER NONPROFIT ORGANIZATIONS WHOSE PURPOSES MUS T CONFORM TO OUR MISSION STATEMENT, "TO FIGHT FOR THE HEALTH, EDUCATION, AND INCOME OF ALL MERCED COUNTY RESIDENTS " AMOUNTS HELD ON BEHALF OF THOSE ORGANIZATIONS ARE ACCOUNTED FOR IN SEPARATE BANK ACCOUNTS AND REPORTED AS LIABILITIES BY UNITED WAY OF MERCED DURING THE YEAR RECEIPTS TOTALED \$127,514, DISBURSEMENTS TOTALED \$51,638, AND ENDING CASH TOTALED \$1 02,840

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS TO OTHER ORGANIZATIONS LOSS ON DISPOSAL OF EQUIPMENT

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF EQUIPMENT

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS TO OTHER ORGANIZATIONS

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DLN: 93493135072819

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF MERCED COUNTY INC

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

14
- 3 Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOS PALOS YOUTH CRISIS & OUTREACH PO BOX 113 DOS PALOS, CA 93620	06-1643746	501(C)(3)	4,000				TO MAKE SURE NO CHILD GOES HUNGRY BY FEEDING THOSE IN NEED IN OUR GEOGRAPHIC AREA WE PROVIDE A HAND UP NOT A HAND OUT
MERCED COUNTY FOOD BANK 2000 W OLIVE MERCED, CA 95348	80-0093563	501(C)(3)	5,000				FEED THOSE IN NEED, REDUCE FOOD WASTE AND EDUCATE OUR COMMUNITY ABOUT HUNGER ISSUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF MERCED COUNTY PO BOX 2362 MERCED, CA 95344	27-2084694	501(C)(3)	5,000				CIRCLE OF SUPPORT FOR FOSTER CHILDREN
HABITAT FOR HUMANITY PO BOX 1421 LOS BANOS, CA 93635	20-1497263	501(C)(3)	4,000				NEW HOME CONSTRUCTION AND CRITICAL HOME REPAIR FOR FAMILIES IS THE MAIN PRIORITY FOR THIS YEAR THIS PROGRAM FOCUSES ON SAFETY, SECURITY, ACCESSIBILITY WEATHERIZATON AND KEEPING HOUSES UP TO CITY CODES

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MERCED SYMPHONY ASSOCIATION PO BOX 894 MERCED, CA 95341	94-1541775	501(C)(3)	3,000				ENHANCE THE EXPERIENCE OF ELEMENTARY SCHOOL CHILDREN ON LIVE CLASSICAL CONCERT EVENTS
SACRED ROK 319 IRIS STREET REDWOOD CITY, CA 94062	80-0440822	501(C)(3)	3,000				PROVIDES YOUTH AN OPPORTUNITY TO EXPERIENCE NATURE

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UC MERCED PANTRY 5200 N LAKE ROAD MERCED, CA 95340	27-0093858	501(C)(3)	4,000				THE FOOD PANTRY EXISTS TO PROVIDE ACCESS TO HEALTHY FOOD FOR UC MERCED STUDENTS, MANY OF WHOM ARE LOW-INCOME, FIRST-GENERATION STUDENTS
THE SALVATION ARMY PO BOX 2324 LOS BANOS, CA 93635	94-1156347	501(C)(3)	5,000				RUNS HOPE CENTER WERE RESIDENTS MAY RECEIVE FOOD, WORK EXPERIENCE AND OTHER PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ILLUSION ROBOTICS 100 FARMLAND MERCED, CA 95348	77-0572114	501(C)(3)	6,000				ILLUSION ROBOTICS WAS FOUNDED TO PROVIDE OPPORTUNITIES FOR OUR STUDENTS THAT ARE NOT FOUND IN THE REGULAR CURRICULUM AT SCHOOL STUDENTS ARE LEARNING PROGRAMMING, CAD
BUHACH HS THUNDER ROBOTICS PO BOX 753 ATWATER, CA 95301	77-0572114	501(C)(3)	6,000				PROVIDES EMERGENCY SUPPORT TO FAMILIES, SPECIALIZED EQUIPMENT AND ACCESS TO TRAINING, AND ACTIVITIES FOR THERAPEUTIC, EDUCATIONAL AND PHYSICAL EDUCATION PROGRAMS FOR PHYSICALLY DISABLED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BETHEL COMMUNITY CHURCH 1451 I STREET LOS BANOS, CA 93635	44-0612817	501(C)(3)	5,000				WE PROVIDE FOOD BOXES, HOT MEALS, ENCOURAGEMENT AND REFERENCES TO OTHER SERVICE PROVIDERS IN OUR COMMUNITY
MERCED COUNTY RESCUE MISSION PO BOX 3319 MERCED, CA 95340	77-0284849	501(C)(3)	3,000				SERVE THE LOST, LAST AND LEAST OF MERCED COUNTY THROUGH NEW LIFE TRANSFORMATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MERCED AREA CRIME STOPPERS PO BOX 1552 MERCED, CA 95348	27-4456060	501(C)(3)	3,000				WE EXIST TO ENHANCE THE QUALITY OF LIFE IN MERCED COUNTY BY REDUCING THE INCIDENCE OF CRIME
VALLEY CRISIS CENTER - MERCED COUNTY PO BOX 2075 MARIPOSA, CA 95338	77-0272319	501(C)(3)	4,000				DOMESTIC VIOLENCE PREVENTION AND ACCESS TO AVAILABLE SERVICES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF MERCED COUNTY INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

94-2633265

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 SPELS OUT WHAT THEY ARE REQUIRED TO DO, INCLUDING AN ANNUAL REPORT COMPILING THE DATA RELATED TO ACCOMPLISHMENTS OF THE FUNDED PROGRAM 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE CHIEF EXECUTIVE OFFICER'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

990 Schedule O, Supplemental Information

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 AT THE ORGANIZATION'S OFFICE, LOCATED AT 531 WEST MAIN STREET, MERCED, CA 95340 IN ADDITION, THE DOCUMENTS CAN ALSO BE VIEWED ON THE ORGANIZATION'S WEBSITE WWW.UNITEDWAYMERCED.ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	EVALUATION AND LEARNING SPECIALIST PROGRAM SERVICE EXPENSES 12,500 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,500 INTERPRETERS AND TRANSLATORS PROGRAM SERVICE EXPENSES 876 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 876 PROJECTS BRANDING & PROMOTION PROGRAM SERVICE EXPENSES 29,900 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 29,900 PROGRAM ADVICE & LEADERSHIP PROGRAM SERVICE EXPENSES 35,260 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 35,260 EMPLOYMENT VERIFICATION COSTS PROGRAM SERVICE EXPENSES 555 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 555 FACILITATORS & TRAINERS PROGRAM SERVICE EXPENSES 81,222 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 81,222

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AMORTIZATION OF PREPAID EXPENSES PURCHASED WITH GRANT FUNDS -13,672 DEPRECIATION ON CAPITALIZED EQUIPMENT PURCHASED WITH GRANT FUNDS -1,899 BOOK GAIN/LOSS ON SALE/DISP OF EQUIP CAPITALIZED EQUIPMENT PURCHASED WITH GRANT FUNDS 1,729 PREPAID EXPENSES PURCHASED WITH GRANT FUNDS 756

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	PART 1, QUESTION 1 SUMMARY OF OUR MISSION AND ACTIVITIES OUR MISSION IS TO "FIGHT FOR THE HEALTH, EDUCATION, AND INCOME OF ALL MERCED COUNTY RESIDENTS " 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 CHAIR THE LOCAL BOARD OF THE EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM THAT PROVIDES FEDERAL FUNDING TO LOCAL AGENCIES WHO PROVIDE EMERGENCY FOOD AND/OR SHELTER TO THOSE LESS FORTUNATE -DURING THE CALENDAR YEAR 2017, WE SERVED AS THE COLLABORATIVE APPLICANT FOR THE MERCED COUNTY CONTINUUM OF CARE, ASSISTING THE COC IN FOCUSING ON PROCESSES AND PROCEDURES AND CONNECTIONS TO HOUSE MANY PEOPLE AS POSSIBLE IN A AVAILABLE HOUSING -SUPPORT THE GREATER MERCED CHAMBER OF COMMERCE "LEADERSHIP MERCED" PROGRAM THAT HELPS COMMUNITY MEMBERS ASSUME LEADERSHIP ROLES IN A COMMUNITY -IN PARTNERSHIP WITH LOS BANOS SALVATION ARMY AND LIFELINE COMMUNITY CENTER, UNITED WAY OF MERCED COUNTY ESTABLISHED SITES FOR LOW INCOME FAMILIES AND INDIVIDUALS TO GET HELP PREPARING AND FILING THEIR TAX RETURNS VOLUNTEERS WERE TRAINED TO HELP OVER 836 PEOPLE TO FILE THEIR TAX RETURNS RESULTING IN OVER \$1.2 MILLION IN TOTAL REFUNDS - CONTINUUM OF CARE - DURING THIS PAST FISCAL YEAR, UNITED WAY JOINED THE MERCED COUNTY CONTINUUM OF CARE (COC) FOR THE PURPOSE OF PARTICIPATING IN THE COUNTY-WIDE EFFORTS TO END HOMELESSNESS FOLLOWING THAT, WE ASSUMED THE CHAIRMANSHIP OF THE PLANNING AND DEVELOPMENT GROUP AND THEN BECAME A MEMBER OF THE COC BOARD THE MERCED COUNTY COC SERVES AS THE HUD-DESIGNATED PRIMARY DECISION-MAKING GROUP WHOSE PRIMARY PURPOSE AND SCOPE IS TO IMPLEMENT THE CONTINUUM OF CARE PROGRAM WHICH IS AUTHORIZED BY SUBTITLE C OF TITLE IV OF THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT - HMONG FARM PROJECT - THE HMONG FARMER PROJECT IS FUNDED BY THE MERCED COUNTY PUBLIC HEALTH DEPARTMENT AND IS INTENDED ON PROVIDING NUTRITION IN SOUTH EAST ASIAN COMMUNITIES, FARM STANDS, AND FARMERS IN ADDITION, IT IS UNITED WAY AND MCDPH'S INTENTION TO INCREASE HMONG FARMING AWARENESS WITHIN THE MERCED COUNTY COMMUNITY THROUGH SITE VISITS, TECHNICAL ASSISTANCE IN SHARING EBT/CALFRESH ACCEPTANCE AT FARM STANDS AND CREATING AN INCLUSIVE PLATFORM FOR HMONG FARMERS WITHIN LOCAL FARMER'S MARKETS AND SCHOOL SITE LUNCH PROGRAMS - MOUNTAIN VALLEY 2-1-1 - MOUNTAIN VALLEY 2-1-1 IS LOGISTICALLY FRIENDLY, COMMUNITY RESOURCE DATABASE ESTABLISHED IN PARTNERSHIP WITH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	THE MARIPOSA HSA, MERCED HSA, AND MERCED PUBLIC HEALTH DEPARTMENT THE DATABASE PROVIDES COUNTY RESIDENTS WITH UPDATED, LOCALIZED INFORMATION CONCERNING EMERGENCY RESOURCES, SOCIAL ASSISTANCE, HEALTH CARE, COMMUNITY EVENTS, AND VARIOUS OTHER RESOURCES WITHIN BOTH MERCED AND MARIPOSA COUNTY UNITED WAY OF MERCED COUNTY MANAGES AND ADMINISTERS THE PROGRAM ENTIRELY, LESS THE OUTSOURCING OF THE CALL-CENTER FUNCTION OF THE DATABASE THE CALL CENTER IS LOCATED IN KERN COUNTY, WHILE THE PROGRAM IS HOUSED IN THE UNITED WAY OF MERCED COUNTY OFFICE AT 531 W MAIN STREET MERCED, CA 95340 - CULTIVA LA SALUD - THE CALIFORNIA ENDOWMENT HAS PARTNERED WITH UNITED WAY OF MERCED COUNTY TO CARRY OUT THE CULTIVA LA SALUD INITIATIVE IN MERCED COUNTY CULTIVA LA SALUD IS DEDICATED TO CREATING HEALTH EQUITY IN THE SAN JOAQUIN VALLEY BY FOSTERING CHANGES IN COMMUNITIES THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING CULTIVA LA SALUD IS AMONG A GROWING NUMBER OF PROGRAMS IN THE NATION WHO USE A POLICY AND ENVIRONMENTAL CHANGE APPROACH TO HELP - CACHI - UNITED WAY OF MERCED COUNTY CEO CHAIRS THE CALIFORNIA ACCOUNTABLE COMMUNITIES HEALTH INITIATIVE IN COLLABORATION WITH COMMUNITY HEALTHCARE PROVIDERS AND THE MERCED COUNTY PUBLIC HEALTH DEPARTMENT CACHI IS AN INITIATIVE WITH THE END GOAL OF ESTABLISHING A PROACTIVE HEALTH INFORMATION EXCHANGE AND COMMUNITY WELLNESS TRUST TO COLLABORATIVELY MITIGATE THE HEALTH AND SOCIAL ILLS RELATED TO DIABETES, HEART DISEASE, AND ASSOCIATED MENTAL ILLNESS - HEALTHY RETAIL STORE INITIATIVE - IN 2017, UWMC AND THE MERCED COUNTY PUBLIC HEALTH DEPARTMENT COLLABORATIVELY CARRIED OUT AN INITIATIVE WHEREIN WE WORKED WITH 4 LOCAL RETAIL/CORNER STORES IN BLIGHTED, FOOD DESERT REGIONS OF MERCED AND WINTON TO PROVIDE HEALTHY FOOD OPTIONS (FRUITS & VEGETABLES) FOR RESIDENTS IN THE AFOREMENTIONED AREAS SUMMATIVELY, WE WORKED WITH Hmong FARMERS IN THE REGION TO CONNECT THEM WITH RETAIL STOREOWNERS IN THE ABOVE-MENTIONED AREAS AND CREATE A BUSINESS PARTNERSHIP FOR BOTH ENTITIES THAT SIMULTANEOUSLY FAVORED RESIDENTS SEEKING HEALTHIER FOOD OPTIONS IN AREAS LACKING SUPERMARKETS AND FRESH PRODUCE - RED NOSE DAY - IN 2017, WE HELD OUR 3RD ANNUAL RED NOSE DAY FUNDRAISER FOR THE LAST THREE YEARS, WE HELD THIS EVENT TO RAISE FUNDS FOR CHILDREN IN NEED OF SCHOOL CLOTHES FOR THE UPCOMING SCHOOL YEAR IN 2017 WE EXPANDED THE EVENT TO INCLUDE FUNDRAISING FOR BACKPACKS STUFFED WITH SCHOOL SUPPLIES IN CONCERT WITH NEW SCHOOL CLOTHING FOR MERCED COUNTY CHILDREN IN NEED A MAJORITY OF THE FUNDS RAISED ARE GRANTED TO THE MERCED 20-30 CLUB WHO HOSTS THE CHILDREN'S SCHOOL CLOTHING SHOPPING SPREE OF WHICH WE ALSO PARTICIPATE IN (VOLUNTEERS) LAST YEAR THEY IDENTIFIED CHILDREN FROM DELHI ELEMENTARY SCHOOL DISTRICT IN MERCED COUNTY AS RECIPIENTS OF CLOTHING AND BACKPACKS/SCHOOL SUPPLIES