Clovis, CA 93611

For Paperwork Reduction Act Notice, see the separate instructions.

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

Return of Organization Exempt From Income Tax

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493123016151 OMB No. 1545-0047

☑ Yes ☐ No

Cat. No. 11282Y

Form 990 (2019)

Open to Public Inspection

Department of the

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: United Way of Fresno and Madera Counties ☐ Address change 94-1156514 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4949 E Kings Canyon Road □ Application pending (559) 243-3667 City or town, state or province, country, and ZIP or foreign postal code Fresno, CA $\,$ 93727 $\,$ G Gross receipts \$ 2,892,428 Name and address of principal officer: H(a) Is this a group return for JEFF CARDELL □Yes ☑No subordinates? 4949 E Kings Canyon Road H(b) Are all subordinates Fresno, CA 93727 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) ☐ 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.UWFM.ORG L Year of formation: 1924 M State of legal domicile: CA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE BY MOBILIZING THE CARING POWER OF COMMUNITIES TO MAKE LONG LASTING CHANGE AND IMPACT IN COMMUNITY CONDITIONS. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 15 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 6 1.238 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 1,351,274 2,823,756 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 7,546 37,424 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 608 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 53,615 30,640 1,412,689 2,892,428 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 602,920 792,275 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶147,632 815,203 1,922,834 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,715,109 1,418,123 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . -5,434 177,319 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 1,699,707 3,705,802 2,751,898 21 Total liabilities (Part X, line 26) . 923,122 22 Net assets or fund balances. Subtract line 21 from line 20 . 953,904 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 2021-05-03 Signature of officer Sign Here INDSAY CALLAHAN Executive Dir. Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if P01552333 Paid self-employed Firm's EIN ► 77-0203007 Firm's name Price Paige & Company Preparer Use Only Firm's address ► 570 N Magnolia Ave Ste 100 Phone no. (559) 299-9540

Form	990 (20	019)				Page 2
Pa	rt III	Statement of Program Se	ervice Accomplis	hments		
	DIMPROVE THE QUALITY OF LIFE BY MOBILIZING THE CARING POWER OF COMMUNITIES TO MAKE LONG LASTING CHANGE AN OMMUNITY CONDITIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot expenses, and revenue, if any, for each program service reported. 34 (Code:) (Expenses \$ 2,262,238 including grants of \$) (Revenue \$ See Additional Data 35 (Code:) (Expenses \$ including grants of \$) (Revenue \$)			🗆		
1	Briefly	describe the organization's miss	sion:			
			LIZING THE CARING	POWER OF COMMUNITI	ES TO MAKE LONG LASTING CHANG	E AND IMPACT IN
2	Did the	e organization undertake any sig	nificant program serv	vices during the year wh	nich were not listed on	
	the pri	or Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	," describe these new services o	n Schedule O.			
3	Did the	e organization cease conducting,	or make significant	changes in how it condu	ıcts, any program	
						☐ Yes 🗹 No
4	Section	n 501(c)(3) and 501(c)(4) orgar	izations are required	to report the amount o		
4a	(Code:) (Expenses \$	2,262,238	including grants of \$) (Revenue \$)
	See Add	ditional Data	, ,		• • • • • • • • • • • • • • • • • • • •	,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services (Describe in S	chedule O.)			
	(Exper	· •	including grants of	\$) (Revenue \$)
4e	Total	program service expenses	2,262,2	38		

15

17

18

19

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

	1990 (2019)			Page 3
Pai	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	l'	No
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? <i>If "Yes," complete Schedule C, Part II</i>	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	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? <i>If "Yes," complete Schedule D,</i> 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		No
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, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	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
	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
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	122	1 '	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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)	_		
			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	t 37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	** Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

Statements Regarding Other 1R5 Fillings and Tax Compilant	Le							
Check if Schedule O contains a response or note to any line in thi	Check 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 .	. 1a	19						
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
c Did the organization comply with backup withholding rules for reportable payment (gambling) winnings to prize winners?		and reportable gaming]	V				
(gambling) winnings to prize winners?		· · · ·	1c	Yes	0 (2019)			

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	₹).		
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
С	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?	on 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts v not tax deductible?	vere 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	orm 7h		No
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	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			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ex			
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to	lines
Se	ction A. Governing Body and Management			
_		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18	-		
	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 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		$\overline{}$	Yes	No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?			
	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure 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-A 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.			
	\square Own website \square Another's website $ ot ot ot ot 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: Sulian Caldwell 4949 E KINGS CANYON ROAD FRESNO, CA 93727 (559) 243-3667			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

L Check this box if neither the organization no	. any relaced of	garnzat	1011 0	3111P		2000	, -	zament om con, amo	ctor, or tradect.	
(A) Name and title	(B) Average hours per week (list any hours for related	Positio tha perso and	on (do an one son is	(C) o not ne bo s both recto) ot che ox, u h an or/tro	eck mountess n office rustee)	nore er	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) LINDSAY CALLAHAN President & CEO	40.00			Х				108,999	0	0
(2) Santos Garcia Director	0.00 2.00 0.00	X						0	0	0
(3) PATRICK CARMAN Treasurer	2.00	X		х				0	0	0
(4) Rebecca Malmo Director	0.00 2.00 0.00	X						0	0	0
(5) Jessica Giannetta Miller Director	2.00	X						0	0	0
(6) Nichole Mosqueda Director	2.00	Х						o	0	0
(7) Ivonne Der Torosian Director	2.00	X						0	0	0
(8) HARDEEP CHOHAN Director	2.00	X						0	0	0
(9) Emlen Miles-Mattingly Director	2.00	X						0	0	0
(10) RAUL SAMORA	2.00				\Box			0	0	0
Director (11) SCOTT FETTERHOFF	2.00	_		Х		\square		0	0	0
Vice Chair (12) JERRY FRANKSEN	0.00 2.00	+		-				0	0	0
Director (13) GREG BAKER	0.00 2.00)		X				0	0	
Past Chair (14) JEFF CARDELL	0.00 2.00	_		X				0	0	0
Chairman (15) SCOTT MOORE Director	2.00	_						0	0	0
(16) MARC YOUNG Treasurer Elect	2.00	X		х				0	0	0
(17) DELFINO NEIRA Director	0.00 2.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	ıd Hiç	hesو	st Compensate	ed Employees (d	ont	inued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo ooth a	o no ox, u an of tor/t	(C) not check more x, unless person officer and a pr/trustee) (D) Reportable compensation from the organization organization of compensation organization organizations		Reportable Reportable Est compensation from the from related organization from the compensation organizations from the compensation) ated of other sation the ion and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)		relati organiza	ed
(18) SABRINA KELLEY	2.00	x				'			О	0		0
Director (19) LAWRENCE ROMERO	0.00 2.00		<u> </u> '	<u> </u>	\vdash	<u>'</u>	\sqcup	 		\dashv		
		×				'			О	0		0
Director (20) HARKIRAN SANDHU	0.00 2.00		\vdash	\vdash	\vdash	_	\vdash	 		\dashv		
Secretary		×		Х	<u> </u>	<u>—</u> ′	\bigsqcup		0	0		0
					H		H			\dashv		
						<u></u> '				\dashv		
					H		H			+		
1b Sub-Total			-	-	•	╌	<u>—</u>					
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	/II, Section A .		<u> </u>		>	<u>-</u>	<u> </u>	108,999				
Total number of individuals (including but of reportable compensation from the organization)		:hose lis	sted a	abov	/e) w	/ho re	ceive	ed more than \$1	00,000	_		
3 Did the organization list any former offic	er, director or t	rustee,	key (emp	oloye	e, or l	high:	est compensated	employee on		Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the			npens			 nd othe			· ·	3	-	No
organization and related organizations grain individual	eater than \$150	0,000? 1	If "Ye	es," c	comp	plete S	Sched	dule J for such		4		No
	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for									No		
Section B. Independent Contractors	<u> </u>			_	_		_		<u></u>			
Complete this table for your five highest of from the organization. Report compensations.	compensated in									pens		
Name and b	(A) pusiness address							Desc	(B) ription of services		(C) Compen	
			_	_	<u> </u>		_			1		
				—						-		
2 Total number of independent contractors (in compensation from the organization ▶ 0	icluding but not	limited	1 to th	nose	liste	ed abo	ve)	who received m	ore than \$100,000	of	Form 000	2 (2010)

Page 8

Form 9										Page 9
Part	VIII									
		Check if Sched	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns		1 a	592,725		revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ŀ	b Membership dues	5.	. [1b					
Gra not		c Fundraising even	Fundraising events							
ts' -		d Related organizat	tions	; [1d					
Gif		e Government grants	(con	tributions)	1e	468,230				
ns, Sim	f	F All other contributio	ns, g	ifts, grants,						
er er		and similar amounts above	s not	included	1 f	1,762,801				
년 동	g Noncash contributions included in lines 1a - 1f:\$			1g						
Contributions, Gifts, Grants and Other Similar Amounts	١.	h Total. Add lines 1	1 = 1	L f	-9					
9	Τ.	ii rotaii Add iiiles .			•	Business Code	2,823,756			1
	22	PROGRAM SERVICE R	FVFN	NIIF			37,424	37,424		
e e	20	, , , , , , , , , , , , , , , , , , , ,				561000				
ven	b]				
8										
.vice	С									
Set	d									
Program Service Revenue										
7 0g	е									
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	>	37,424	_			
		Investment income imilar amounts) .		luding divide		nterest, and other	608	608		
		Income from invest					(
	5 Royalties					>	()		
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a		28,815	5				
	b	Less: rental	6b							
	c	expenses Rental income	O.D							
		or (loss)	6с		28,815	5				
	d Net rental income or (loss) (i) Securitie						28,815	28,815		
					ies	(ii) Other				
	7a Gross amount from sales of assets other									
		than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
		Gain or (loss)	7c				_			
		I Net gain or (loss) Gross income from fu			_					
ne	oa	(not including \$		of						
ven		contributions reported See Part IV, line 18			8a					
Re	b	Less: direct expen	ses		8b					
Other Revenue	c	Net income or (los	s) fr	om fundraisi	ng ev	ents	()		
	0 2	Gross income from	nami	ing activities						
	- u	See Part IV, line 19			9a					
		Less: direct expen			9b]			
	С	Net income or (los	s) fr	om gaming a	ctivit	ies \blacktriangleright	1)		
	10 a	Gross sales of inve	entor	ry, less						
		returns and allowa	nces	5	10a					
		Less: cost of good			10b]			
	С	Net income or (los Miscellaneo			nvent	ory ► Business Code	I	,		
	11	aOther Revenue	~ V			900099	825	825		
	b	SPECIAL EVENTS				900099	1,000	1,000		
	c									
		All other revenue								
		• Total. Add lines 1:					1,825	5		
	12	Total revenue. Se	ee ir	nstructions .		• • • •	2,892,428	68,672		
										Form 000 (2010)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		
Check if Schedule O contains a response or note to an	y 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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	108,999	94,829	5,450	8,720
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7 Other salaries and wages	579,483	414,650	102,710	62,123
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	55,367	31,156	10,837	13,374
10 Payroll taxes	48,426	34,521	8,507	5,398
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			_
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	436,779	313,569	112,930	10,280
12 Advertising and promotion	114,282	114,282		_
13 Office expenses	111,708	97,694	8,900	5,114
14 Information technology	0			
15 Royalties	0			
16 Occupancy	72,384	50,652	12,845	8,887
17 Travel	19,167	9,561		9,606
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	29,888	25,709		4,179
20 Interest	36,257	24,948	8,316	2,993
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	37,945	25,485	9,565	2,895
23 Insurance	15,828	1,368	14,460	
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 Distrib-Designated Agencies	989,262	989,262		
b Communications	15,101	9,465	5,636	
c Program Grant Management	14,204	14,204		

7,855

22,174

2,715,109

d Miscellaneous

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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).

1,757

9,126

2,262,238

2,500

2,583

305,239

3,598

10,465

147,632

Form **990** (2019)

Form 990 (2019)

23

24

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

7

8

9

23

24

25

26

27

28

29

30

31

32

33

705,462

141,555

923,122

776.585

776,585

1,699,707

15,654

Page 11

1,984,948

0

0

9,727

681,469

134,300

23,968

2.751.898

953,904

953,904

3,705,802 Form 990 (2019)

Charle	: c	C = l= = = d l =	_
Спеск	II	Schedule	U

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\square\$ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	139,836	1	1,
ſ			

contains a response or note to any line in this Part IX

2	Savings and temporary cash investments		2	0
3	Pledges and grants receivable, net	458,092	3	633,617
4	Accounts receivable, net		4	0
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	0

10:	 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 	10a	1,755,174				
L	Less: accumulated depreciation	10b	677,664	1,086,125	10 c	1,077,510	
11	Investments—publicly traded securities .				11	0	
12	Investments—other securities. See Part IV, line	11 .			12	0	
13	Investments—program-related. See Part IV, line			13	0		
14	Intangible assets			14	0		
15	15 Other assets. See Part IV, line 11				15	0	
16	Total assets. Add lines 1 through 15 (must eq	ual line 3	4)	1,699,707	16	3,705,802	
17	Accounts payable and accrued expenses			76,105	17	615,887	
18	Grants payable			18			
19	Deferred revenue			19	1,296,274		
20	Tax-exempt bond liabilities	Tax-exempt bond liabilities					
့ 21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21		
abilities 52	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	35% controlled entity		22			

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,892,428
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,715,109
3	Revenue less expenses. Subtract line 2 from line 1	3			177,319
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			776,585
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		,	953,904
Pa	rt XII Financial Statements and Reporting	'			
	Check 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?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c	<u>. </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b	ı	

Form **990** (2019)

Additional Data

Software ID: 19009920 Software Version: 2019v5.0

Promote human service programs through development and administration of financial services, evaluation and planning for community programs, and relations with

EIN: 94-1156514

Name: United Way of Fresno and Madera Counties

Form 990, Part III, Line 4a:

Form 990 (2019)

community. The organization's revenue is primarily from contributions and grants.

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493123016151
SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	<u>a.gov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service ne organiza of Erespo and M	tion adera Counties				Employer identific	ation number
							94-1156514	
	rt I		for Public Charity State a private foundation because				See instructions.	
1	nganiz		onvention of churches, or as	•	•		(A)(i)	
2		•	escribed in section 170(b)(
					,			
3		·	or a cooperative hospital ser	-			-	a ka a kla a la a a Malla
4	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ibed in section :	1/U(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives ' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in
8			ty trust described in sectior	•	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	''' 	т'			1
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? mo		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			-					
.								
Tota		uouls De Je	tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9	00 == 000 57\ 3010

	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	119	(f) Total
	(or fiscal year beginning in) ▶	(4) 2015	(5) 2010	(6) 2017	(4) 2010	(0) 20		(1) 1000
_	Gifts, grants, contributions, and					_		
	membership fees received. (Do not	1,967,134	1,992,791	1,126,850	1,253,408	2,	527,115	8,867,298
	include any "unusual grant.") .							
	Tax revenues levied for the organization's benefit and either paid							0
	to or expended on its behalf							U
	The value of services or facilities							
	furnished by a governmental unit to							0
	the organization without charge							•
	Total. Add lines 1 through 3	1,967,134	1,992,791	1,126,850	1,253,408	2.	527,115	8,867,298
	The portion of total contributions by	_,,	-,,	_,	=,===,		/	-77
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							0
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
-	Public support. Subtract line 5 from							8,867,298
	line 4.							
S	ection B. Total Support							
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20)19	(f) Total
_	(or fiscal year beginning in) ▶		` '	` '	• •			
7	Amounts from line 4	1,967,134	1,992,791	1,126,850	1,253,408	2,	.527,115	8,867,298
8	Gross income from interest,							
	dividends, payments received on	-995	315	181	254		608	363
	securities loans, rents, royalties and income from similar sources.							
9	Net income from unrelated business						+	
9	activities, whether or not the							0
	business is regularly carried on							Ŭ
10	Other income. Do not include gain							
	or loss from the sale of capital	226,838	56,866	51,746	53,615		38,883	427,948
	assets (Explain in Part VI.)	,	´	<i>'</i>	, I		·	•
11	Total support. Add lines 7 through							9,295,609
	10							9,293,009
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		
13	First five years. If the Form 990 is fo	or the organization'	s first second thi	rd fourth or fifth	tax year as a secti	on 501(c)(3) organ	nization
	•	-			•	` .	^` ^ <u>-</u>	,
_	check this box and stop here						<u>. P ⊔</u>	
S	ection C. Computation of Public							
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		95.390 %
15	Public support percentage for 2018 Sc	hedule A, Part II, I	ine 14			15		93.010 %
	33 1/3% support test-2019. If the					more, che	eck this bo	
LVa								. ▶ 🗸
	and stop here. The organization quali							· · —
b	33 1/3% support test—2018. If th							
	box and stop here. The organization	qualifies as a publ	licly supported org	anization				. ▶ 🗆
17a	10%-facts-and-circumstances test	t —2019. If the org	janization did not d	check a box on line	e 13, 16a, or 16b,	and line 1	14	
	is 10% or more, and if the organization	n meets the "facts.	-and-circumstance	e" test chack this	hov and eton her	• Evolair	0	

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 h 10%-facts-and-circumstances test-2018. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

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? 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.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. 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)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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? If "Yes," provide detail in Part VI. 6

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
а	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?						
		11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c					
S	ection 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? 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.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-					
2	operated, supervised, or controlled the supporting organization? 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	2					
	organization.						
S	ection 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)? If "No," describe in Part VI how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			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?						
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).						
_		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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3					
S	ection 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 instruction)	ions):					
	The organization satisfied the Activities Test. Complete line 2 below.						
	b						
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No			
•	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? 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.	2a					
ı	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? 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.	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? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h					

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Adule A (Form 990 or 990-EZ) 2019					
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; les 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See				
		Facts And Circumstances Test				
990 S ched	dule A, Supplemen	tal Information				
Ret	turn Reference	Explanation				
Support Sc	hedule: Other Income	SCHEDULE A. PART II. LINE 10 - SPECIAL EVENTS HELD FOR OUTREACH TO THE GENERAL PUBLIC. NAT				

URE AND SOURCE HAS BEEN MISCELLANEOUS AND SPECIAL EVENTS.

Explanation

SCHEDULE D

DLN: 93493123016151

OMB No. 1545-0047

Supplemental Financial Statements

(Form 990)

(For	m 990)		•	•	ganization ansv					2.0	N19
			Part IV, line	6, 7, 8, 9, 1	.0, 11a, 11b, 11	lc, 11d,	11e, 11f, 12a,	or 12b.			UIJ
	rtment of the Treasury hal Revenue Service		► Go to <u>www.i</u>		► Attach to Fori 1990 for instruc		nd the latest in	formatio	on.		n to Public spection
	me of the organ							Em	oloyer ider	ntification	number
Uni	ited Way of Fresno an	nd Madera C	ounties					94-:	1156514		
Pa					sed Funds or			or Acc	counts.		
	Complet	ete if the o	organization an	iswered "Ye	s" on Form 990		IV, line 6. sed funds	1	(b) Funds	and other	accounts
1	Total number at	end of yea	r		(4) 50	nor advis	sca ranas		(b) Tunus	and other	accounts
2	Aggregate value	,									
3	Aggregate value	of grants i	rom (during yea	r)							
4	Aggregate value	at end of	year								
5					rs in writing that clusive legal cont				funds are th	_	Yes 🗌 No
6	charitable purpo	oses and n	ot for the benefit	of the donor	nor advisors in wordons advisor	r, or for a	any other purpos			nissible	Yes 🗌 No
Pa			asements.	1 113 4	" = 004		n (): =				
_					s" on Form 990						
1			n easements neid for public use (e.		nization (check al	II that ap	Preservation of	an histor	iaally imman	++	
				.g., recreation	or education)				, ,		area
	☐ Protection					Ш	Preservation of	a certifie	a nistoric si	tructure	
_	☐ Preservation	•	•								
2	Complete lines 2 easement on the			zation held a	qualified conserv	ation co	ntribution in the	form of a			of the Year
а	Total number of							2a			
b	_	•						2b			
c	Number of conse					,	,	2c			
d	Number of conse structure listed i			. , .	red after 7/25/06	6, and no	ot on a historic	2d			
3	Number of consetax year ►	servation e	asements modifie	ed, transferre	d, released, extir	nguished	, or terminated b	by the or	ganization o	during the	
4	Number of state	es where n	roperty subject to	o conservatio	n easement is lo	cated ▶					
5	Does the organi	ization hav	e a written policy	y regarding th	ne periodic monit	– oring, in		g of viol			
6					ting, handling of			conserv		☐ Yes nents durir	□ No ng the year
	<u> </u>										
7	Amount of expe ▶ \$	enses incur	red in monitoring 	g, inspecting,	handling of viola	tions, ar	nd enforcing cons	ervation	easements	during the	e year
8					above satisfy the			170(h)(, , , , ,	☐ Yes	□ No
9	balance sheet, a	and include		ne text of the	ervation easeme footnote to the o ts.						
Pai					of Art, Histor			ther Si	milar Ass	ets.	
4 -	Complet If the organizati				s" on Form 990			statemer	at and balar	se sheet v	vorks of
1 a	art, historical tre	easures, o	other similar as	sets held for	public exhibition, cial statements t	, educati	on, or research i	n further			
b		ures, or oth	er similar assets		6 (ASC 958), to it is exhibition, edu						
	(i) Revenue includ	_		line 1					▶ \$		
	ii)Assets included										
2	If the organizati	ion receive	d or held works	of art, historic	cal treasures, or L16 (ASC 958) re	other sin	nilar assets for fi				
а						_			. ▶ \$		
b											

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019					Page 2
Par	t III Organizations Maintaining Col	lections of Art, Histori	cal Treas	ures, or Other	Similar Asse	ets (continued)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records, check	any of the fo	ollowing that are a	significant use	of its collection
а	Public exhibition	d	☐ Loar	n or exchange prog	ırams	
b	Scholarly research	е	☐ Othe	er		
С	Preservation for future generations					
4	Provide a description of the organization's col Part XIII.	lections and explain how the	ey further th	e organization's ex	kempt purpose	in
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to				_	☐ Yes ☐ No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		, Part IV, I	ine 9, or reporte	ed an amount	on Form 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?				_	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:		Amo	ount
c	Beginning balance	,		1c		
d	Additions during the year			H		
е	Distributions during the year					
f	Ending balance			46		
2a	Did the organization include an amount on Fo	orm 990. Part X. line 21. for	escrow or c	ustodial account lia	ability?	Yes No
b						_
	rt V Endowment Funds.					
	Complete if the organization answ					
4_	Designing of years belows	(a) Current year (b) F	Prior year	(c) Two years back	(d) Three years	back (e) Four years back
	Beginning of year balance					
	Contributions					
	Net investment earnings, gains, and losses Grants or scholarships					
	Other expenditures for facilities					
-	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	ent year end balance (line 1	g, column (a	a)) held as:		
а	Board designated or quasi-endowment 🟲					
b	Permanent endowment -					
c	Temporarily restricted endowment					
	The percentages on lines 2a, 2b, and 2c shou					
3а	Are there endowment funds not in the posses organization by:	sion of the organization tha	t are held ar	nd administered for	r the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on 3a(ii), are the related organization	ns listed as required on Sche	edule R? .			3b
4	Describe in Part XIII the intended uses of the		funds.			
Pa	rt VI Land, Buildings, and Equipmen		Double TV (ino 115 C 5-	000 P=1	
	Complete if the organization answ Description of property (a) Cost or oth (investme	her basis (b) Cost or other				(d) Book value
1-	Land		170,000	1		170,000
	Land		1,313,678	-	440,591	873,087
	Buildings Leasehold improvements		1,313,076	<u></u>	770,331	
	Equipment		176.853	3	167,662	9.191

94,643

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

25,232

69,411

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)	(c)	Method of valuation:
(including name of security)	Book value	Cost or e	end-of-year market value
Financial derivatives			
Closely-held equity interests			
,			
ral. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
rt VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, lir	ne 11c. See Form (b) Book v	
(a) Description of investment		(b) Book v	Cost or end-of-year market value
)			
cal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lin	e 11d. See Form 99	
(a) Description			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Form 990, F	Part IV, lin	e 11e or 11f.See F	Form 990, Part X, line 25.
(a) Description of liability			Book value
) Federal income taxes			22.050
Pledges due to designated agencies			23,968
<u> </u>			
)			
)			
)			
)			
0)			
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			▶ 23,968
Liability for uncertain tax positions. In Part XIII, provide the text of the footno	te to the or	ganization's financial	statements that reports the organize

Schedule D (Form 990) 2019

Page 4

	Complete if the organi	ization answered "Yes" on Form 990, Part	. IV, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part			Return	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d		•		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide	4; Par any a	t IV, lines 1b and 2b; Par additional information.	t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					
		 				

chedule D (Form 990) 2019			
Part XIII Supplemental Info	ormation (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2019

Additional Data

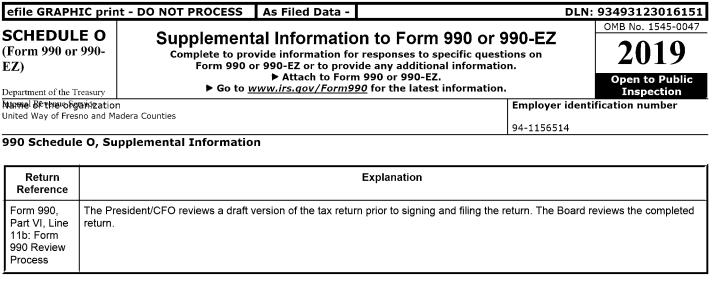
Software ID: 19009920

Software Version: 2019v5.0 **EIN:** 94-1156514

Name: United Way of Fresno and Madera Counties

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	UWFM has qualified as a nonprofit organization and has been granted tax-exempt status purs uant to Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code S ection 23701(d) and is exempt from Federal and State of California income taxes. Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an entity in its tax returns that might be uncertain. Management has considered i ts positions and believes that all positions taken in its federal and state exempt organiz ation information returns are more likely than not to be sustained upon examination. UWFMs returns are subject to examination by federal and state taxing authorities, generally for three years and four years, respectively, after they are filed. There are currently no tax years under examination.



Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Board Members are required to complete an annual conflict of interest disclosure statement . The statements are provided to the Chairman. If a conflict is disclosed that member will recused from any discussion or decision related to any item that may be affected by the c onflict of interest. This is true for any board member, officers, management and staff.

Return Reference	Explanation
Form 990, Part VI, Line	The process contains three elements. One is review and approval by the Board of Directors or Compensation Committee of our organization. Two is the use of comparable data as to com
15a:	parable compensation. Three is documentation and record keeping regarding the deliberation
Compensation	s and decisions regarding the compensation arrangement.
Review &	
Approval	
Process -	
CEO, Top	
l Management	

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	The conflict of interest policy and financial statements are available to the public upon request for such information.

Return Reference

The Organization has an Executive Committee that oversees the audit process.

Part XII, Line
2: Change of
Oversight or
Selection
Process

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

United Way of Fresno and Madera Counties

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990.

OMB No. 1545-0047 2019

DLN: 93493123016151

Open to Public Inspection

Employer identification number

				94-1136314			
Part I Identification of Disregarded Entities. Complete if the	ne organization ansv	vered "Yes" on Forr	n 990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (or foreign coun	state (d) Total income try)	(e) End-of-year assets	(f) Direct controllin entity	g	
(1) FRESNO FUND I LLC 4949 E KINGS CANYON ROAD FRESNO, CA 93727 94-1156514	INVESTING	DE			NA		_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.	. Complete if the org	ganization answere	d "Yes" on Form 99	0, Part IV, line 34 b	pecause it had one o	r more	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
						Yes	No
						+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat. No. 501	35Y	1	Schedule R (Forn	1 990) 2	019

Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		Primary Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	minant Share of (related, lated, ed from lander last 512-	(g) Share of end-of-year assets	(h) Disproprtionati allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		
			1 1		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L do	(c) egal micile or foreign	Direct	entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income		(g) of end- year assets	-of- Perce owne	1) ntage ership	(13	(i) tion 5:) contr entity
related organization					"	,		1					C3
related organization			untry)		· · · · ·							<u>'</u>	
related organization					0	, , ,							
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related organization													

Page **3**

irt V	Transactions With	Related	Organizations.	Complete	if the organization	answered "Ye	es" on Form 990	, Part IV, line 34, 3	35b, or 36.	
	a 1 : 1: 4 :6			-1. C.I.						

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining an	nount i	nvolved	

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ı	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	199	0) 2019

Schedule R (Fo	rm 990) 2019		Page 5									
Part VII	Supplemental Info	lemental Information										
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).										
Retu	ırn Reference	Explanation										

DLN: 93493126003350 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable United Way of Fresno and Madera Counties ☐ Address change 94-1156514 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 4949 E Kings Canyon Road ☐ Application pending (559) 243-3667 City or town, state or province, country, and ZIP or foreign postal code Fresno, CA $\,$ 93727 $\,$ G Gross receipts \$ 1,412,689 Name and address of principal officer H(a) Is this a group return for GREG BAKER □Yes ☑No subordinates? 4949 E Kings Canyon Road Fresno, CA 93727 H(b) Are all subordinates ☐ Yes ☑No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **4** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UWFM ORG L Year of formation 1924 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE BY MOBILIZING THE CARING POWER OF COMMUNITIES TO MAKE LONG LASTING CHANGE AND IMPACT IN COMMUNITY CONDITIONS Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 16 Number of independent voting members of the governing body (Part VI, line 1b) 5 21 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1,535 Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 1,201,850 1,351,274 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 40,683 7,546 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 18: 51,746 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 53,615 1,412,689 1,294,460 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 687,910 602,920 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶183,631 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 542,427 815,203 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,230,337 1,418,123 19 Revenue less expenses Subtract line 18 from line 12 . 64,123 -5,434 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,826,327 1,699,707 21 Total liabilities (Part X, line 26) . 1,004,327 923,122 776,585 22 Net assets or fund balances Subtract line 21 from line 20 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 2020-05-05 Signature of officer Sign Here INDSAY CALLAHAN Executive Dir Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01552333 Paid self-employed Firm's name Price Paige & Company Firm's EIN ▶ 77-0203007 Preparer Use Only Firm's address ► 570 N Magnolia Ave Ste 100 Phone no (559) 299-9540 Clovis, CA 93611 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	rt III Statem	ent of Program Service	Accomplisi	nments		
	Check if	Schedule O contains a respon	se or note to a	ny line in this Part III .		🗆
1	Briefly describe	the organization's mission				
	MPROVE THE QUA MUNITY CONDITION		THE CARING	POWER OF COMMUNITIES	S TO MAKE LONG LASTING CHANG	E AND IMPACT IN
2	Did the organiza	ation undertake any significan	program serv	rices during the year whic	th were not listed on	
	the prior Form 9	990 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describ	e these new services on Sche	dule O			
3	Did the organiza	ation cease conducting, or ma	ke significant d	hanges in how it conduct	s, any program	
		e these changes on Schedule				☐ Yes ☑ No
4	Describe the org Section 501(c)(3	ganization's program service a	ccomplishmen s are required	to report the amount of g	rgest program services, as measur grants and allocations to others, th	
4a	(Code) (Expenses \$	924,267	including grants of \$) (Revenue \$)
	See Additional Dat		,		, (4	,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedule includ	e O)	\$) (Revenue \$)
4e	• •	service expenses ▶	924,20		<u> </u>	<u> </u>

Form	990 (2018)			Page 3
Pai	tiv 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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
	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 2	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		No
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, VIII, VIII, IX, or X as applicable			
а	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	
	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
	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		No
е	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.
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)
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

19

21

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

14a

17

18

19

20a

20b

21

Nο

No

Nο

Nο

No

Nο

Nο

No

Νo

No

Form **990** (2018)

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

36

37

38

Part V

Form	990 (2018)			Page 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35b

36

37

38

6

0

1a

Yes

Yes

Form **990** (2018)

Nο

Nο

No

b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b 13c b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

11b

12b

13a 14a

14b

15

12a

Nο

Nο

No

No

Form **990** (2018)

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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? \cdot	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			
	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ļ
	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
Ь	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		
	Ction 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-A 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 Sulian Caldwell 4949 E KINGS CANYON ROAD FRESNO, CA 93727 (559) 243-3667			

Part VII

President & CEO

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

compensated employees, and former such person	ns									
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	Positio tha pers	n (do in on on is	(C) o not e bot botl recto) t che ox, u h an	eck m inless office ustee	ore er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DAVID VILLALPANDO	2 00								_	
Director	0 00	×						0	0	0
(2) PATRICK CARMAN Treasurer	2 00	×		×				0	0	0
(3) ROBYN GONZALES Director	2 00	×						0	0	0
(4) HARDEEP CHOHAN Director	2 00	×						0	0	0
(5) RICK WOLF Secretary	2 00	×		×				0	0	0
(6) RAUL SAMORA	2 00									
Director	0 00	×						0	0	0
(7) SCOTT FETTERHOFF Director	2 00	×						0	0	0
(8) JERRY FRANKSEN Director	0 00 2 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	×						0	0	0
(9) GREG BAKER Chairman	2 00	×		×				0	0	0
(10) JEFF CARDELL Vice Chair	2 00	×		×				0	0	0
(11) SCOTT MOORE Director	2 00	×						0	0	0
(12) MARC YOUNG	2 00									
Director	0 00	×						0	0	0
(13) DELFINO NEIRA	2 00	×		_			_	0	0	0
Director	0 00									
(14) SABRINA KELLEY Director	2 00	х						0	0	0
(15) LAWRENCE ROMERO Director	2 00	х						0	0	0
(16) HARKIRAN SANDHU Director	2 00	×						0	0	0
(17) LINDSAY CALLAHAN	40 00			×				104,265	0	0

0 00

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che inles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
				\vdash			\vdash			

	₫.	S(194		ed ed		

		>			Sub-Total
_	104.2	•			

1b Sub-Total										
c ·	otal from continuation sheets to Pa	art VII , Section	Α				▶[
d.	otal (add lines 1b and 1c)						>		104,265	
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 ► 1										

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

3

4

ındıvıdual . . .

compensation from the organization ▶ 0

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

Lb Sub-Total						>				
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
Total number of induduals (including but not limited to these listed above) who reserved more than \$100,000										

Yes

3

No

Nο

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5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensa	ation	

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A) Name and business address	(B) Description of services	(C) Compensation					

	(2010)						rage 3
Part			onse or note to any	line in this Port VII			П
	CHECK II SCHEUUIE	O contains a resp	onse of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaign	s 1a	645,593		revenue		512 - 514
nts nts	b Membership dues .						
<u>irai</u> 10 m	c Fundraising events		<u> </u>				
s, c An	d Related organization		<u> </u>				
<u>₹</u>	e Government grants (cor		221 720				
S, (III. (6 All other contributions		331,720				
ion S	f All other contributions, and similar amounts not		373,961				
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contribution in lines 1a - 1f \$		· · ·				
ē ē	h Total. Add lines 1a-:	lf	•	1,351,274			
<u>1</u>			Business				
Program Service Revenue	2a PROGRAM SERVICE REVE	NUE		561000	7,546	7,546	
Ę.							
3	ь —						
Σ	_						
5	e						
gra	f All other program serv	vice revenue					
Æ	gTotal. Add lines 2a–2f		>	7,546			
	3 Investment income (in	cluding dividends,	interest, and other	1			
	sımılar amounts)		•	. 25		54	
	4 Income from investmen			· [0		
	5 Royalties			` <u> </u>	1		
	6a Gross rents	(ı) Real	(II) Personal	-			
		23,71	5				
	b Less rental expenses						
	c Rental income or	23,71!	5	-			
	(loss)			_			
	d Net rental income or		<u> </u>	23,7:	15 23,71	.5	
	7a Gross amount from sales of assets other	(ı) Securities	(II) Other	-			
	than inventory b Less cost or other basis and sales expenses			1			
	C Gain or (loss)			1			
	d Net gain or (loss) .		•	_	0		
Other Revenue	8a Gross income from fui (not including \$ contributions reported See Part IV, line 18	of lon line 1c)					
3e√	b Less direct expenses			1			
j je	c Net income or (loss) f			_	0		
Ě	9a Gross income from ga	ming activities					
U	See Part IV, line 19 .		}				
	b Less direct expenses			-			
	c Net income or (loss) f			_	0		
	10a Gross sales of invento returns and allowance						
	b Less cost of goods so	old I	, 	1			
	c Net income or (loss) f		itory ►	_	0		
	Miscellaneous F		Business Code				
	11aSPECIAL EVENTS		900099	29,90	29,90	00	
	ь						
	С						
	d All other revenue .						
	e Total. Add lines 11a-	11d	-	29,90	00		
	12 Total revenue. See I	instructions				5	
			<u>-</u>	1,412,68	61,41	.5	Form 990 (2018)

c Special events

d Communications

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0		, ,	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	104,265	62,559	20,853	20,853
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	410,339	306,920	87,307	16,112
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	46,293	31,156	10,837	4,300
10 Payroll taxes	42,023	22,521	10,507	8,995
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	427,922	283,569	113,160	31,193
12 Advertising and promotion	1,966	304		1,662
13 Office expenses	66,984	47,694	8,900	10,390
14 Information technology	0			
15 Royalties	0			
16 Occupancy	54,122	34,705	10,845	8,572
17 Travel	20,754	9,561		11,193
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	25,709	25,709		
20 Interest	37,985	24,948	8,316	4,721
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	34,648	25,485	6,828	2,335
23 Insurance	19,842		17,197	2,645
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 Taxes and fees	33,879	2,750	6,776	24,353
b Miscellaneous	27,428	26,522		906

23,883

17,416

22,665

1,418,123

9,465

10,399

924,267

6,116

2,583

310,225

23,883

1,835

9,683

183,631

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Page **11**

776.585

776,585

1,699,707

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Net Assets or Fund Balance

27

28

29

30

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

	1	Cash-non-interest-bearing		•	400,930	_ +	139,630
	2	Savings and temporary cash investments .				2	0
	3	Pledges and grants receivable, net			226,819	3	458,092
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	5	0			
ets	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6	0		
sse	R	Inventories for sale or use			8	0	
¥	9	Prepaid expenses and deferred charges		1		9	15,654
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,725,850			
	ь	Less accumulated depreciation	10b	639,725	1,114,259	10c	1,086,125
	11	Investments—publicly traded securities .	1			11	0
	I						

9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,725,850			
Ь	Less accumulated depreciation	10 b	639,725	1,114,259	10c	1
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			4,313	15	
16	Total assets. Add lines 1 through 15 (must equ	al line	34)	1,826,327	16	1
17	Accounts payable and accrued expenses			126,068	17	
18	Grants payable				18	
19	Deferred revenue				19	

13	Investments—program-related See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11	4,313	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,826,327	16	1,699,707
17	Accounts payable and accrued expenses	126,068	17	76,105
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
တ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Sej 21	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			

			.,		_ ·
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,826,327	16	1,699,707
	17	Accounts payable and accrued expenses	126,068	17	76,105
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilitie.	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	718,858	23	705,462
	ı				

seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
	26	Total liabilities. Add lines 17 through 25	1,004,327	26	923,122
	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	159,401	25	141,555
	24	Unsecured notes and loans payable to unrelated third parties		24	

822.000

822,000

1,826,327

27

28

29

30

31

32

33

34

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,412,689
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,418,123
3	Revenue less expenses Subtract line 2 from line 1	3			-5,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			822,000
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			-39,981
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			776,585
Pa	TXII Financial Statements and Reporting				
	Check 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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3b

Additional Data

Software ID: 18007218 Software Version: 2018v3.1

EIN: 94-1156514

Name: United Way of Fresno and Madera Counties

Form 990, Part III, Line 4a:

Form 990 (2018)

community The organization's revenue is primarily from contributions and grants

Promote human service programs through development and administration of financial services, evaluation and planning for community programs, and relations with

SCHEDULE A (Form 990 or 990EZ)			olete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or e trust. 90-EZ.	a section	2018
epartment of the T ternal Revenue So ame of the o	ervice	\ n	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Open to Public Inspection
nited Way of Fre								ation number
Part I R	eason fo	r Public C	harity Stat	us (All organization	s must comple	ete this part.) S	94-1156514 See instructions.	
ne organizatio	n is not a p	rivate found	lation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
1 A c	hurch, con	vention of c	hurches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	chool desc	rıbed ın sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗌 A F	nospital or a	a cooperativ	e hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
	medical reseme, city, ar		ization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
	-	on operated •). (Complet		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
_ • ·		• • •	•	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).	
			nally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	ınıt or from the gener	al public described ii
B	ommunity	trust descri	oed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	Π)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
fro Inv	m activities estment in	s related to come and u	ts exempt fur nrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
				d exclusively to test fo	r public safety S	See section 509	(a)(4).	
mo	re publicly	supported of	rganizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Ty org	pe I. A sup janization(s	pporting organis) the power	anızatıon oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
ma	nagement	of the supp		pervised or controlled in ation vested in the sare and C.				
				supporting organizatio				ated with, its
I Ty	pe III nor	n-functiona ntegrated TI	Ily integrate ne organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
	•		•	ved a written determir	•		pe I, Type II, Type II	I functionally
_	-		n-functionally organizations	integrated supporting	organization	,	_	·
				upported organization(1 (2)
	e of suppor anızatıon	ted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
	. Reductio	n Act Notic	e, see the Ti	l nstructions for	<u> </u>	5F !	 Schedule A (Form 9	90 or 990-EZ) 20

Part II

Page 2

8,108,665

8,108,665

19,415

589,841

8,717,921

93 010 %

90 940 %

▶ ☑

▶□

▶□

(f)Total

Section A. Public Support Calendar vear (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 1,768,482 1,967,134 1,992,791 1,126,850 1,253,408 8,108,665 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,768,482 1,967,134 1,992,791 1,126,850 1,253,408 8,108,665 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 0 line 1 that exceeds 2% of the amount shown on line 11, column (f)

(b)2015

200,776

1,967,134

-995

226,838

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2017. 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

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(c)2016

1.992.791

315

56,866

(d)2017

1,126,850

181

51,746

(e)2018

12

14

1,253,408

254

53,615

Schedule A (Form 990 or 990-EZ) 2018

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

6 Public support. Subtract line 5 from line 4

Section B. Total Support

Calendar year (or fiscal year beginning in)
7 Amounts from line 4

8 Gross income from interest, dividends, payments received on 19,660

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

securities loans, rents, royalties and income from similar sources

Net income from unrelated business activities, whether or not the business is regularly carried on

Other income Do not include gain or loss from the sale of capital

assets (Explain in Part VI) **Total support.** Add lines 7 through

11

organization

instructions

supported organization

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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							
	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	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

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)? 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection 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? 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.	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? 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	2		
	organization	-		
S	ection 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)? 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)	1		
_	<u> </u>			
	ection 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?		103	-140
		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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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? 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	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? 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			
,		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? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A	(Form 990 or 990-E2	?) 2018 Page 8
Part VI	Section A, lines 1, Part IV, Section D,	formation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, 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 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Sche	dule A, Supplem	ental Information
Ret	turn Reference	Explanation

SCHEDULE A, PART II, LINE 10 - SPECIAL EVENTS HELD FOR OUTREACH TO THE GENERAL PUBLIC NAT

Support Schedule Other Income

Explanation URE AND SOURCE HAS BEEN MISCELLANEOUS AND SPECIAL EVENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

8

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

DLN: 93493126003350

Open to Public

Inspection

Name of the organization **Employer identification number** United Way of Fresno and Madera Counties 94-1156514 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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.

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

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

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

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

Assets included in Form 990, Part X

and section 170(h)(4)(B)(II)?

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

Revenue included on Form 990, Part VIII, line 1

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

Cat No 52283D Schedule D (Form 990) 2018

Part	**	Organizations Ma	aintaining Col	lections of	Art, Histo	rical 1	reas	ures, o	r Other	Similar A	ssets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accessio	n, and other re	ecords, chec	k any o	f the f	ollowing t	that are a	significant i	use of its o	collection	ı
а		Public exhibition			c		Loar	n or exch	ange pro	grams			
b		Scholarly research			€	: 🗆	Othe	er					
c		Preservation for future	e generations										
4	Provid Part X	de a description of the	organization's col	llections and e	xplain how	they fur	ther th	ne organiz	zation's e	xempt purpo	ose in		
5		g the year, did the org s to be sold to raise fur								nılar	☐ Yes		No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 9	90, Par	t IV,	line 9, o	r reporte	ed an amou	unt on Fo	ırm 990	, Part
1a		organization an agent led on Form 990, Part		an or other int	ermediary 1	for contr	ıbutıoı	ns or othe	er assets	not	☐ Yes		No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the follows	na tahle				Δ	mount		
c		ning balance	inencini raic XIII	and complete	the followi	ing table			1c		ounc		_
d	_	ons during the year							1d				
e		butions during the year	r						1e				_
f		g balance	•						1f				
2a		e organization include	an amount on Fo	orm 990 Part)	(line 21 f	or escro	worc	ustodial a	account lu	ability?	□ vos	П	— No
		s," explain the arrange										ш.	NO
	t V	Endowment Fund											
ı dı		Endownient run	us. complete ii	(a)Current y)Prior ye			ears back			e) Four ye	ars back
1a E	Beginni	ing of year balance .		, ,	,							<u> </u>	
b	Contrib	utions											
c i	Net inv	estment earnings, gair	ns, and losses										
d (Grants	or scholarships	•										
		expenditures for facilition	es										
f /	Adminis	strative expenses .											
g E	end of	year balance											
2 a		le the estimated perce designated or quasi-e	-	ent year end b	alance (line	1g, col	umn (a	a)) held a	ıs				
b	Perma	anent endowment 🟲											
С	Tempo	orarily restricted endov	wment 🟲										
	The pe	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100%)								
3a		nere endowment funds Ization by	not in the posses	ssion of the org	janization t	hat are	held ai	nd admın	istered fo	r the		V	T NI=
	-	related organizations									3a(i) Yes	No
	• •	elated organizations .									3a(-	+
b		s" on 3a(II), are the re		ns listed as req	uired on So	hedule	R?.				. 3 <u>1</u>		<u> </u>
4	Descr	ibe in Part XIII the inte	ended uses of the	organization's	endowmer	nt funds						•	
Par	: VI	Land, Buildings,											
	D	Complete of the or	ganization ansv (a) Cost or oth		on Form 9 th b) Cost or otl					rm 990, Pa		: 10.) Book val	110
	vescri	ption of property	(a) Cost or oti		COSC OF OTI	iei DaSIS	(outer)	(c) Acc	.umulated	aebi eciarioti	(a	, DOOK VAI	ue
1-	I						70.000						170.000
	and						170,000	_		/12 020			170,000
	Building					Ι,.	313,678	<u>' </u>		413,836			899,842
		old improvements					176,853	1		160,570			16,283
		nent					65,319			65,319			10,263
е (Jiner		I	1			00,015	' I		05,319			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. Complete if the organ	nization ans	wered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)	(c) Method of valuation
(including name of security)	Book value	Cost or end-of-year market value
(1) Financial derivatives	·	
(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 99	0, Part IV, I	ine 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 P	art IV line 11d. See Form 990. Part V line 15
(a) Description	101111 990, F	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered	d 'Yes' on F	· · · · · · · ▶ orm 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) E	Book value
(1) Federal income taxes		
Fiduciary funds due to other org Pledges due to designated agencies	1	34,204 107,351
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u> 	141,555
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot		_

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII) $\ .$	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		. 4с	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 2 2d and 4b Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

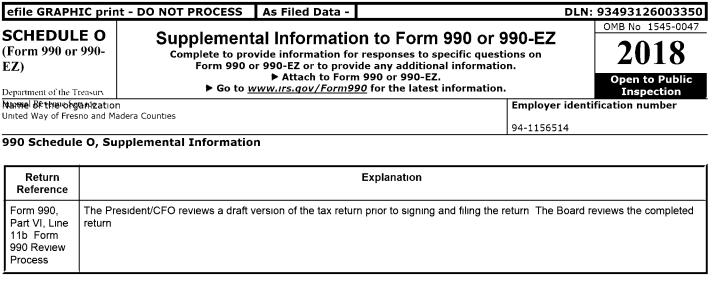
EIN: 94-1156514

Name: United Way of Fresno and Madera Counties

Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	UWFM is exempt from income tax under Internal Revenue Code Section 501(c)(3) and Californi a Franchise Tax Regulation Section 23701(d). Generally accepted accounting principles provide accounting and disclosures guidance about positions taken by an entity in its tax returns that might be uncertain. Management has considered its positions and believes that all of the positions taken in its federal and state exempt organization information returns a remore likely than not to be sustained upon examination. UWFM's returns are subject to examination by federal and state taxing authorities, generally for three years and four year.

s, respectively, after they are filed There are currently no tax years under examination



of Conflicts

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement	Board Members are required to complete an annual conflict of interest disclosure statement The statements are provided to the Chairman. If a conflict is disclosed that member will recused from any discussion or decision related to any item that may be affected by the c onflict of interest. This is true for any board member, officers, management and staff.

Datum

Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The process contains three elements. One is review and approval by the Board of Directors or Compensation Committee of our organization. Two is the use of comparable data as to comparable compensation. Three is documentation and record keeping regarding the deliberation is and decisions regarding the compensation arrangement.

Funlametics.

Return Explanation
Reference

Form 990,	The conflict of interest policy and financial statements are available to the public upon request for such information
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	
Available	

Return Reference

Form 990, The Organization has an Executive Committee that oversees the audit process

Part XII, Line
2 Change of
Oversight or
Selection
Process

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126003350 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization United Way of Fresno and Madera Counties 94-1156514 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) Total income (a) (b) (c) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity or foreign country) entity (1) FRESNO FUND I LLC INVESTING DE NΑ 4949 E KINGS CANYON ROAD FRESNO, CA 93727 94-1156514

Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990	·	Cat No 5013	35Y		Schedule R (Form	990) 20	018

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	d, total incom		(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	oox ma pa -1	(j) neral or naging rtner?	
					314)						Ye	s No	
												_	
IV Identification of Related Organiza because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34	
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Pei	V, lin-	e	(I) Section 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?

Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

1m

1n

10

1q

1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule								
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity			No					
h. Cift, grant, or capital contribution to volated organization(s)	16		No					

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
Gift, grant, or capital contribution to related organization(s)	1 b
Gift, grant, or capital contribution from related organization(s)	1a 1b 1c
Loans or loan guarantees to or for related organization(s)	1d

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**Return of Organization Exempt From Income Tax** Form **990**

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

DLN: 93493318130608 OMB No 1545-0047

foundations)

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

•		nue Service	I Information about	: Form 990 and its instructions is at <u>ww</u>	<u>'w IRS gov/foi</u>	<u>m990</u>		Inspection			
A F	or th	e 2017 c	ı alendar year, or tax year beginr	ning 07-01-2017 , and ending 06-	30-2018						
B Che	ck ıf a	ipplicable	C Name of organization United Way of Fresno and Madera Co	ııntıes		D Employe	r identif	ication number			
		change	officed way of Fresho and Madera Co	undes		94-1156	514				
	ıme ch ıtıal re	-	Doing business as			_					
		n/terminated				E Telephone	numher				
		d return	4040 E Kings Canyon Boad	il is not delivered to street address) Room/s	uite						
⊔ Ар	рисац	on pending	City or town, state or province, count	ry and ZIP or foreign postal code		(559) 24	3-366/				
			Fresno, CA 93727	iny, and 211 of foreign postal code		G Gross rec	eints \$ 1	294 460			
			F Name and address of principal	officer	H(a) Is th	nis a group reti	•				
			GREG BAKER			ordinates?	uiii ioi	□Yes ☑No			
			4949 E KINGS CANYON ROAD FRESNO, CA 93727		Н(b) Are	all subordinate	es	☐ Yes ☑ No			
I Ta	x-exer	mpt status	✓ 501(c)(3)	nsert no)		ided? Io," attach a li:	st (see				
J W	ebsit	te:▶ WW	/W UWFM ORG		1	up exemption i		•			
K Fori	n of o	rganızatıon	☑ Corporation ☐ Trust ☐ Associ	iation	L Year of form	nation 1924	M State	of legal domicile CA			
	T	C	***								
Pa		Sumi Briefly des	mary scribe the organization's mission or	most significant activities							
	'	TO IMPRO	VE THE QUALITY OF LIFE BY MOBI	LIZING THE CARING POWER OF COMM	UNITIES TO M	IAKE LONG LA	STING C	HANGE AND IMPACT			
ce	-	IN COMMU	JNITY CONDITIONS								
Ē	:										
Governance	-										
<u> </u>				continued its operations or disposed of				1			
න්	1			g body (Part VI, line 1a) the governing body (Part VI, line 1b)			3	21			
ŢĘ.	1		· -	endar year 2017 (Part V, line 2a)			5	23			
Activities &	1		. ,	essary)			6	1,518			
¥	1		elated business revenue from Part		7a	0					
	1		ated business taxable income from	* **			7b				
				·	Р	rior Year		Current Year			
O.	8	Contribut	cions and grants (Part VIII, line 1h)			1,971,2	96	1,201,850			
Ravenue	9	Program	rram service revenue (Part VIII, line 2g)								
λċΚ	10	Investme	ent income (Part VIII, column (A), l	ınes 3, 4, and 7d)		3	15	181			
	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		56,8	66	51,746			
	_			t equal Part VIII, column (A), line 12)		2,240,9	76	1,294,460			
	1		nd similar amounts paid (Part IX, co	<i>'</i>				0			
	1	•	paid to or for members (Part IX, co	• • •				0			
38	1			nefits (Part IX, column (A), lines 5–10)		1,095,9	52	687,910			
Expenses	1		onal fundraising fees (Part IX, colun	, ,,				0			
Ä	1		raising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1	·		007 E	12	542,427			
	1		penses (Part IX, Column (A), imes i penses Add lines 13–17 (must equa	·		987,5 2,083,4		1,230,337			
	1	•	less expenses Subtract line 18 fro			157,5		64,123			
× 0:		Revenue	less expenses subtract line 10 no		Beginnın	g of Current Ye	_	End of Year			
Net Assets or Fund Balances											
Ass. Bal	1		ets (Part X, line 16)			2,168,5	_	1,826,327			
<u> </u>	1		ulities (Part X, line 26)			1,272,2	_	1,004,327			
			s or fund balances Subtract line 2	1 from line 20		896,3	30	822,000			
Pa			ature Block	ned this return, including accompanyin	a schodulos ar	ad statements	and to	the best of my			
				Declaration of preparer (other than off							
any k	nowle	edge									
		*****	*		20)18-11-14					
Sign	l	Signati	ure of officer		Da	ate					
Here			BAKER Board Chair								
		17	r print name and title			_					
_			rınt/Type preparer's name austo Hınojosa CPA CFE	Preparer's signature Fausto Hinojosa CPA CFE	Date Cl		TIN 00196912	<u></u>			
Paid		<u> </u>			se	lf-employed					
Pre 	_	<u>-</u> ا	irm's name Price Paige and Compan irm's address • 677 Scott Avenue	ıy		rm's EIN > 77-0 none no (559) 2					
Use	On	ily ˈ	Clovis, CA 93612			10110 110 (333) Z	JJ JJ4U				
M	he T) C d · · -		n above? (see in the interior				es 🗆 No			
			this return with the preparer show duction Act Notice, see the sepa	· · ·	Cat No	112827	<u>-</u> ✓ Y	Form 990 (2017)			
	~hci	TOLK VC	and and more processing sections	111501 400101131	Cal IVO	114041		1 UIIII 3 3 U (201/)			

Form	990 (2017)				Page 2
Par	t IIII Stateme	ent of Program Service	Accomplishments		
	Check If S	chedule O contains a respon	se or note to any line in this	Part III	🗆
1	Briefly describe th	ne organization's mission			
	MPROVE THE QUAL MUNITY CONDITIO		THE CARING POWER OF CO	MMUNITIES TO MAKE LONG LASTING	CHANGE AND IMPACT IN
2	Did the organizat	ion undertake any significan	program services during the	e year which were not listed on	
	the prior Form 99	90 or 990-EZ?			. 🗌 Yes 🗹 No
	· ·	these new services on Sche			
3	Did the organizat	ion cease conducting, or ma	ke significant changes in how	ıt conducts, any program	
		these changes on Schedule			. Yes 🗹 No
4	Section 501(c)(3)		s are required to report the a	ts three largest program services, as amount of grants and allocations to o	
4a	(Code) (Expenses \$	738,203 including grant	s of \$) (Revenue \$)
	See Additional Data			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4b	(Code) (Expenses \$	ıncludıng grant	s of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grant	s of \$) (Revenue \$)
70		/ (Experies p	medanig grane) (Nevertice 4	,
4d		ervices (Describe in Schedule	•		
	(Expenses \$		ling grants of \$) (Revenue \$)
4e	Total program s	service expenses >	738,203		

or X as applicable

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Page 3

No

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

t IV Checklist of Required Schedules			
			,
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," of	complete		
Schedule A 📆		1	

Schedule A 22		
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	
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	

for 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? 4

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?

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?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . .

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

29

Nο

Νo

Nο

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2017)

Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

- (41	Checklist of Required Schedules (Continued)			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			20a

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes Эa No

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	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		No
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	90		<u> </u>
·	If res, to line 3a of 3b, did the organization me Form 6880-17	5c		
	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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
·	bid the digamization receive any rands, directly of maneetly, to pay premiants 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	_		
L	required?	7g		No
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	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		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
а	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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		١
	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		
			orm OO	0.(2017)

OHIII	990 (2)	517)					Page (
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
				ı		Yes	No
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	21			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	21			
2		y officer, director, trustee, or key employee have a family relationship or a busines , director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the p	orior F	orm 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	Izatio	n's assets?	5		No
6		e organization have members or stockholders?			6		No
		e organization have members, stockholders, or other persons who had the power to	elec	t or appoint one or more	H		110
		ers of the governing body?	• • •		7a		No
b		y governance decisions of the organization reserved to (or subject to approval by) is other than the governing body?	mem	bers, stockholders, or	7 b		No
8	Did the	e organization contemporaneously document the meetings held or written actions t lowing	ındert	aken during the year by			
	-	overning body?			8a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?	•		8b	Yes	
	organı	re any officer, director, trustee, or key employee listed in Part VII, Section A, who of zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code		
10-	Did th	e organization have local chapters, branches, or affiliates?			10a	Yes	No No
	If "Yes	," did the organization have written policies and procedures governing the activitie			10a		110
11a		anches to ensure their operations are consistent with the organization's exempt pu e organization provided a complete copy of this Form 990 to all members of its gov	•				
	form?	be in Schedule O the process, if any, used by the organization to review this Form	•	g body before filling the	11a	Yes	
		e organization have a written conflict of interest policy? If "No," go to line 13	990		12a	Yes	
		officers, directors, or trustees, and key employees required to disclose annually inte	·	that could give rice to	IZa	165	
	conflic	ts?			12b	Yes	
C	Sched	e organization regularly and consistently monitor and enforce compliance with the pule O how this was done	•	· · ·	12c	Yes	
13		e organization have a written whistleblower policy?	•		13	Yes	
14	Did the	e organization have a written document retention and destruction policy?			14	Yes	
15		e process for determining compensation of the following persons include a review a is, comparability data, and contemporaneous substantiation of the deliberation and					
		ganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b	Yes	
		" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or sin e entity during the year?			16a		No
b	ın join	," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?					
C-					16b		
<u>5e</u> 17		C. Disclosure e States with which a copy of this Form 990 is required to be filed▶					
		CA					
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available Check all that app	İy				
		wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sci		•			
19		be in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year	umen	ts, conflict of interest			
20	State t	the name, address, and telephone number of the person who possesses the organiz ANA JAUREZ 4949 E KINGS CANYON ROAD FRESNO, CA 93727 (559) 243-3667	zation	's books and records			
		,					

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related	pers	in one on is a dir	e bo both ecto	t che x, u n an or/tr	eck m nless office ustee	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) DAVID VILLALPANDO Director	2 00	X						О	0	0
(2) KACEY AUSTON Director	2 00	х						0	0	0
(3) ROBYN GONZALES	2 00	Х						0	0	0
(4) PATRICK CARMAN Director	0 00 2 00 0 0 0 0 0	Х						0	0	0
(5) KELLY FOWLER Director	2 00	Х						0	0	0
(6) BOB REYES Past Chair	2 00	х		×				0	0	0
(7) HARDEEP CHOHAN Director	2 00	Х						0	0	0
(8) RICK WOLF Secretary	2 00	Х		x				0	0	0
(9) CHRISTINA WYNEKEN Treasurer	2 00	х		×				0	0	0
(10) RAUL SAMORA Director	2 00	х						0	0	0
(11) SCOTT FETTERHOFF Director	2 00	х						0	0	0
(12) JERRY FRANKSEN Director	2 00	х						0	0	0
(13) GREG BAKER Chairman	2 00	х		×				0	0	0
(14) JEFF CARDELL Vice Chair	2 00	х		×				0	0	0
(15) SCOTT MOORE Director	2 00	Х						0	0	0
(16) MARC YOUNG Director	2 00	Х						0	0	0
(17) AL GALVEZ	2 00	X						0	0	0
	0 00									

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

Page **8**

Fell VIII Section A. Officers, Directors	, ITustees, K	EY LIII	pioy.		,, ai	<u> 10 1119</u>	Jiles	st compensated	Employees (con			
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, ι an of	ot che unles officer	neck mo ess pers er and a tee)	son	compensation from the organization (W-	(E) Reportable compensation from related organizations	amo con f	(F) Estimate ount of npensa from th	other ation he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	eniplosee Highest compensated	Former	- 2/1099-MISC)	(W- 2/1099- MISC)	-	inizatio related ganizat	d
(18) DELFINO NEIRA	2 00											
Director	0 00					'	'	0		ا		0
(19) SABRINA KELLEY	2 00					—						
Director	0 00		'			'	_ '	0		ا		0
(20) LAWRENCE ROMERO	2 00							0				
Director	0 00		'			'		0		ال		0
(21) KIRAN SANDHU	2 00	1										
Director	0 00		'			'		0		ال		0
(22) LINDSAY CALLAHAN	40 00							101.000		_	-	
Executive Dir	0 00		'	×		'		101,888		اد		0
	1											
-	 	<u> </u>	 '	\vdash	+	 '	+	+	 	+		
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	1	'	'			'	'	1	1			
			+	\vdash	+	+		+		+		
			'	Щ	上	'ـــــــــــــــــــــــــــــــــــــ	Щ'					
1b Sub-Total				•		▶						
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)				•		> -	—	101,888				
								· · · · · · · · · · · · · · · · · · ·				
2 Total number of individuals (including but of reportable compensation from the orga		:hose iis	sted a	abov	/e) v 	vho red	ceive	ed more than \$100	,000			
										Y	es	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			key e	emp	oloye •	e, or h	nghe •	est compensated er	mployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations gre									<u> </u>			
ındıvıdual				•	•	•	•		4	4		No
5 Did any person listed on line 1a receive of services rendered to the organization? If "									<u> </u>			
				_	_		_			<u>'</u> —		No
Section B. Independent Contractors 1 Complete this table for your five highest of		denenc	dent c		ract	ors the		ecowed more than \$	100 000 of comps	neation		
from the organization Report compensati										NSation	ר	
	(A) ousiness address							Descrip	(B) otion of services	Co	(C) ompensa	ation
				—			—			+-		
				—						+-		
				—			—			+-		
	-											
2 Total number of independent contractors (in	ncluding but not	: limiter	d to t	hose	e list	.ed abc	ove)	who received more	e than \$100,000 o	f		
compensation from the organization ▶ 0				—	—		—			Form	~ 990	(2017)

Part		I Statement of	Revenue										rage 3
		Check if Schedule		a respo	nse or n	ote to any	line in ti	hıs Part VII	Ι.				🗆
				-			(A) revenue	Re e	(B) lated or xempt inction	(C) Unrelated business revenue	5	(D) Revenue excluded from ax under sections
	14	. Fodovstod samenaje		4 -		641,405			re	evenue			512-514
इ इ		Federated campaign		1a		041,403							
ran		• Membership dues .		1 b									
غِ ق	0	Fundraising events		1c									
ons, Gifts, Grants Similar Amounts	C	d Related organization	ns	1d									
<u>.</u>	e	Government grants (co	ontributions)	1e		70,000							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	, gifts, grants,										
utic er		above	ot iliciadea	1 f		490,445							
tributio Other	ç	Noncash contribution	ons included										
Cont and		in lines 1a-1f \$	<u>, </u>			_							
ج ت	<u>h</u>	Total.Add lines 1a-1	.t	• •		<u> </u>		,201,850					
rl e					-	Business	Code						
ven	2 a	PROGRAM SERVICE REV	'ENUE		-		561000		40,683	40,	,683		
a <u>ş</u>	b			_	•								
MCE	С			_									
Ser	d												
un	e												
Program Service Revenue	f	All other program se	rvice revenue		L		40,683		I				1
₫	g.	Total. Add lines 2a-2f			>		40,003						
		Investment income (ir			nterest,]	18	1	181			
		imilar amounts) . Income from investme			and proc	•eeds ▶	-		0	101		\rightarrow	
		Royalties		-		. Þ	-		0				
			(ı) Rea		(II) P	ersonal	 					$\overline{}$	
	6a	Gross rents					1						
	27,872					4							
	b	b Less rental expenses											
	С	Rental income or		27,872			1						
		(loss)						27.07					
	d	Net rental income or						27,87	2	27,872		\longrightarrow	
	7-	Gross amount	(ı) Securit	ies	(11)	Other	-						
		from sales of assets other											
		than inventory											
	b	Less cost or											
		other basis and sales expenses											
		Gain or (loss)					Ц						
		Net gain or (loss)				>			0			\longrightarrow	
au		Gross income from fu (not including \$		ents of									
Other Revenue		contributions reporte	ed on line 1c)										
eve		See Part IV, line 18					4						
a.		Less direct expenses Net income or (loss)		b	ents				٥				
hе		Gross income from g			ents .	· •			+			\longrightarrow	
ō		See Part IV, line 19		CJ									
				а									
		Less direct expenses		b									
		Net income or (loss)		activit	ies	• •			0				
	10a	Gross sales of invent returns and allowanc	ory, less										
				a									
	b	Less cost of goods s	sold	b									
	С	Net income or (loss)		ınvent	ory .	. •			0				
		Miscellaneous	Revenue		Busin	ess Code		4 07		4 270			
	11:	aOTHER REVENUE				90009	9	1,27	9	1,279			
												\longrightarrow	
	b	SPECIAL EVENTS				90009	9	22,59	5	22,595			
	С											T	
	d	All other revenue .											
	е	Total. Add lines 11a-	-11d			>		23,87	4				
	12	Total revenue. See	Instructions							02.610		$\overline{}$	
								1,294,46	υĮ	92,610			Form 990 (2017)

21 Payments to affiliates .

expenses on Schedule O)

d Equipment Rental/Maintenance

23 Insurance . . .

a Communications

b Memberships

c Special events

e All other expenses

22 Depreciation, depletion, and amortization

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

25 Total functional expenses. Add lines 1 through 24e 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)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all cc	-	·		
Check if Schedule O contains a response or note to any	line in this Part IX			<u>V</u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	101,888	61,133	20,378	20,377
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	438,911	263,346	87,782	87,783
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	94,576	56,746	18,915	18,915
10 Payroll taxes	52,535	31,521	10,507	10,507
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	269,911	161,947	53,982	53,982
12 Advertising and promotion	0			
13 Office expenses	12,544	7,526	2,509	2,509
14 Information technology	0			
15 Royalties	0			
16 Occupancy	55,146	33,088	11,029	11,029
17 Travel	8,561	5,137	1,712	1,712
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	20,591	12,355	4,118	4,118
20 Interest	37,079	22,247	7,416	7,416

0 34,141

18,704

44,554

26,336

25,129

11,279

-21,548

1,230,337

20,485

11,222

26,732

15,802

15,077

6,767

-12,928

738,203

6,828

3,741

8,911

5,267

5,026

2,256

-4,310

246,067

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6,828

3,741

8,911

5,267

5,026

2,256

-4,310

246,067

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		
7 Other salaries and wages	438,911	263,346	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0		

3

11

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Liabilities 22

Fund Balances

Assets or 30

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647,185

1.133.489

51,108

71,230

748.762

452.236

1,272,228

896,330

896,330

2.168.558

2,168,558

Page **11**

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4.313

1.826,327

126,068

718.858

159.401

1,004,327

822,000

822,000

1.826.327

Form **990** (2017)

1.114.259

226,819

Check if Schedule O contains a response or note to any line in this Part IX .			<u> </u>
	(A) Beginning of year		(B) End of year
1 Cash non interest hearing	336 776	1	480 936

1,719,513

605.254

- Assets
- Cash-non-interest-bearing . Savings and temporary cash investments . . Pledges and grants receivable, net . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

10a

10b

Accounts receivable, net .

Part II of Schedule L .

Inventories for sale or use .

Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

2c

3a

3b

No

Form 990 (2017)

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

community The organization's revenue is primarily from contributions and grants

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 94-1156514

Name: United Way of Fresno and Madera Counties

Form 990 (2017) Form 990, Part III, Line 4a:

Promote human service programs through development and administration of financial services, evaluation and planning for community programs, and relations with

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493318130608
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017
•		f the Treasury	▶ Inf	ormation abou	► Attach to Form It Schedule A (Form www.irs.a			ictions is at	Open to Public Inspection
Nam	e of th	nue Service he organiza of Fresno and M			<u>www.nsig</u>			Employer identific	
					4.24			94-1156514	
	rt I				us (All organization : it is (For lines 1 thro			see instructions.	
1			•		sociation of churches	3 ,	,	(Δ)(i).	
2		•		•	1)(A)(ii). (Attach Sch				
3					vice organization desc	•	• •		
_		·	•	•	-			•	
4	Ш		esearcn orga _ and state _	inization operati	ed in conjunction with	a nospital descri	ped in section :	17U(D)(1)(A)(III). E	nter the nospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				oed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
7	✓	_		rmally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organiz	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations (dexclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i				
С		Type III f	unctionally		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	ganization recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			non-functionally d organizations	integrated supporting	organization			
g				-	ipported organization((s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (see instructions) (vi) (vi) (vi) (vi) (vi) (vi) (vi) (vi		(vi) Amount of other support (see instructions)	
						Yes	No		
			· ·						
Tota			tion Act Not			Cat No 11285		 Schedule A (Form 9	<u> </u>

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and

1,474,740 1,768,482 1,967,134 1,992,791 1,126,850 8,329,997 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,474,740 1,768,482 1,967,134 1,992,791 1,126,850 Total. Add lines 1 through 3

The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on

8,329,997 0 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 8.329.997 Section B. Total Support Calendar year (a)2013 **(b)**2014 (c)2015 (d)2016 (e)2017 (f)Total (or fiscal year beginning in) ▶

1.474.740 1.768.482 1,967,134 1.992.791 1,126,850 Amounts from line 4 Gross income from interest, dividends, payments received on -995 315 181 28,310 19,660 securities loans, rents, royalties and

8,329,997 47,471 income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on

or loss from the sale of capital 245,743 200,776 226,838 56,866 51,746 781,969 assets (Explain in Part VI) Total support. Add lines 7 through

10 Other income Do not include gain 11 9,159,437 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,

Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 90 940 %

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 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

organization

instructions

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 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

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

Schedule A (Form 990 or 990-EZ) 2017

91 060 %

▶ ☑

▶□

▶□

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(a) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	In Section 509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

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)? If "Yes," describe in Part VI when and how the organization made the	·		
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations			
С	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)? 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	4c	$\overline{}$	
	10 1.1. 1.5. 1.1. 1.1. 1.1. 1.1. 1.1. 1.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? 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	4b		
С	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)? 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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)			

6	Oid the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone ott 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? If "Yes," provide detail in Part VI .			
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as			i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection 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? 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			
_		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? 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	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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)? 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)	1		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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? 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	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? 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	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.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

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		
 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		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

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

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

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (I	Form 990 or 990-EZ) :	Page 9
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Sched	lule A, Supplemen	tal Information
Reti	urn Reference	Explanation

Support Schedule Other Income | SCHEDULE A, PART II, LINE 10 - SPECIAL EVENTS HELD FOR OUTREACH TO THE GENERAL PUBLIC NAT

URE AND SOURCE HAS BEEN MISCELLANEOUS AND SPECIAL EVENTS

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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.

Open to Public

DLN: 93493318130608 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Inspection Employer identification number

Jnit	ted Way of Fresno and Madera Counties			94-1156514	
Pa	rt I Organizations Maintaining Donor Advi	ised Funds or Othe	r Similar Funds o	1	
	Complete if the organization answered "Ye	,			
	Tatal sussibas at and of years	(a) Donor ad	vised funds	(b)Funds and other a	accounts
	Total number at end of year				
	Aggregate value of grapts from (during year)				
l	Aggregate value of grants from (during year) Aggregate value at end of year				
	Did the organization inform all donors and donor advisor	Language that the ac-	sata baldun danay sa	huand funda ara tha	
ı	organization's property, subject to the organization's ex	xclusive legal control?			Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				Yes 🗌 No
₽a	rt III Conservation Easements. Complete if th	he organization answ	vered "Yes" on Form	m 990, Part IV, line 7.	100 - 110
	Purpose(s) of conservation easements held by the orga			· ·	
	Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically important land a	irea
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space				
	Complete lines 2a through 2d if the organization held a	qualified conservation	contribution in the fo	rm of a conservation	
	easement on the last day of the tax year	qualified coffset vactori	contribution in the for	Held at the End o	f the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified historic	ıc structure ıncluded ın	(a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 8/17/06, and	not on a historic	2d	
1	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguish	ed, or terminated by	the organization during the	
	Number of states where property subject to conservation	on easement is located	>		
i	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monitoring,	-		
				∐ Yes	∐ No
i	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violat	ions, and emorcing o	onservación easements durin	g the year
1	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations,	and enforcing conser	vation easements during the	year
}	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$) above satisfy the requ	irements of section 1	70(h)(4)(B)(ı)	□ No
I	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organi:	its revenue and expe zation's financial state	nse statement, and ements that describes	
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar Assets.	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, educ	ation, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items				
((i) Revenue included on Form 990, Part VIII, line 1			> \$	
(i	ii)Assets included in Form 990, Part X			▶ \$	
:	If the organization received or held works of art, histori following amounts required to be reported under SFAS			ncial gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1	· , , ,		▶ \$	
	Assets included in Form 990, Part X			 ▶ \$	
	Panerwork Peduction Act Notice see the Instruction	ns for Form 000	Cat Na	52282D Schodulo D / Fo	000\ 2017

Par	t IIII	Organizations Maintaining Col	lections of Art,	Histor	ical T	reası	ires, oi	Other	Similar A	ssets ((continued)	1
3		the organization's acquisition, accession (check all that apply)	n, and other record	ls, check	any of	the fo	llowing t	hat are a	significant i	use of it	s collection	l
а		Public exhibition		d		Loan	or excha	ange prog	grams			
b		Scholarly research		e		Othe	r					
c		Preservation for future generations										
4	Provide Part	de a description of the organization's col	lections and explai	n how th	ey furt	her the	e organız	ation's e	xempt purpo	se in		
5		ng the year, did the organization solicit o s to be sold to raise funds rather than to							nılar	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990), Part	: IV, lı	ine 9, oi	r reporte	ed an amou	unt on	Form 990	, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	ediary for	r contr	ibution	s or othe	er assets	not	□ Y	es 🗆	No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	; table				А	mount		
c	Begin	nning balance	·					1c				_
d	Addıt	ions during the year						1d				_
е	Dıstrı	butions during the year						1e				
f	Endın	ng balance						1f				_
2 a	Did th	he organization include an amount on Fo	orm 990, Part X, lin	e 21, for	escrov	v or cu	Istodial a	ccount li	ability?		es 🗆	— No
b	TE "V-	" avalera the sure second in Doct VIII	Charle have if the					J D	VIII			110
_	rt V	es," explain the arrangement in Part XIII Endowment Funds. Complete if					•				· · <u> </u>	
Fα	I C V	Endowment Funds. Complete in	(a)Current year		Prior yea				(d)Three year		(e)Four ye	ars back
1a	Beginn	ung of year balance	(a) our one your	1 (-).	,		(-) /		(2)		(5): 54: 75	
	_	outions				-						-
С	Net inv	vestment earnings, gains, and losses										
		or scholarships										
	Other e	expenditures for facilities ograms										
f		istrative expenses				\neg						
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent vear end baland	ce (line 1	a. colu	ımn (a)) held a	s	1			
а		d designated or quasi-endowment >	,		J,		,,	_				
Ь	Perm	anent endowment ▶										
c		porarily restricted endowment >										
٠	-	percentages on lines 2a, 2b, and 2c shou	ild equal 100%									
3а	Are th	here endowment funds not in the posses	•	ation tha	it are h	eld an	d admini	stered fo	r the		Yes	No
	(i) ur	nrelated organizations									Ba(i)	
_		elated organizations								3	a(ii)	
b		es" on 3a(II), are the related organization	·			۲۶ .					3b	
4		ribe in Part XIII the intended uses of the		iowment	runas							
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		orm 990). Part	· TV. lı	ne 11a.	See Fo	rm 990. Pa	ırt X. lı	ne 10.	
	Descri	ption of property (a) Cost or oth	ner basis (b) Co	ost or other	•				depreciation		(d) Book va	ue
	Land				1	70,000						170,000
		gs				11,078	1		385,293			925,785
		nold improvements			-,-	,			/ 3			,
		nent			1	73,116	-		154,642			18,474
	Other					65,319			65,319			20,174
		Innes 1a through 1e (Column (d) must e	<u> </u>	rt X, colu					>			1,114,259
		_ ,	,,	,	(-)	'						,,

(a) Description of security or category (including name of security) (b) Book and Cost or end-of-year market value (c) Closely-held equity interests (A) (B) (C) (D) (E) (F) (G) (H) (F) (G) (H) (Total, Column (b) must equal form 990, Part X, cal (B) line 13) (A) (B) (C) (C) (C) (D) (D) (E) (E) (D) (E) (D) (E) (E		Investments—Other Securities. Complete if the org	ganızatı	on ansv	vered "Yes" on	Form 990, Pa	rt IV, line 11b.
(a) Coachy Field equity intercess (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d				Book	Cost		
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-	held equity interests	· -				
(C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(A)						
(b) Common (B)							
Fig.	(C)						
(1) Total: Column (b) must equal form 990, Part X, col (g) line 12) Part XII Total: Column (b) must equal form 990, Part X, col (g) line 13) Total: Column (b) must equal form 990, Part X, col (g) line 13) (a) (b) (c) (c) (d) (e) (f) (f) (f) (f) (g) (g) Total: Column (b) must equal form 990, Part X, col (g) line 13) Part XII (h) Becompton (g) Description of investment (h) Becompton (h) B	(D)						
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Investments	(H)						
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 13) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 13) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 15) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 15) 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 (2) Federal income taxes Pedages due to designated agencies 159,401 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (9) Total. (Column (b) must equal form 990, Part X, col (g) line 25) (1) Total. (Column (b) must equal form 990, Part X, col (g) line 25	(2)						
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)							
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 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 Pledges due to designated agencies (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 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 Pledges due to designated agencies 159,401 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 159,401 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 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 Pledges due to designated agencies 159,401 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)							
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 Pledges due to designated agencies 159,401 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 159,401 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
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(1) Federal income taxes Pledges due to designated agencies (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.			(b) B	ook value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 159,401 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		ncome taxes					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 159,401 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		to designated agencies			159,401		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ■ 159,401 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
-	2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the f	footnote		ganızatıon's fına		_

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С					4c	
5		Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro [,] XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any a	IV, lines 1b and 2b, Part dditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	planation		
See A	Addıtıonal Data Table					

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

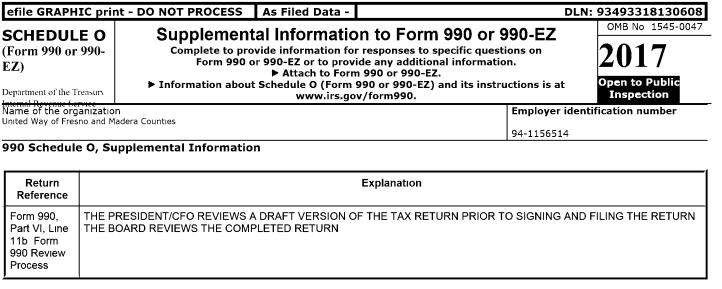
Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 94-1156514

Name: United Way of Fresno and Madera Counties

Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	The Organization has qualified as a non-profit organization and has been granted tax-exemp t status pursuant to Internal Revenue Code Section 501(c)(3) and California Revenue and Ta xation Code Section 23701(d) and is exempt from Federal and State of California income tax es Generally accepted accounting principles provides accounting and disclosures guidance a bout positions taken by an entity in its tax returns that might be uncertain. Management h as considered its tax positions and believes that all of the positions taken in its federa. I and state exempt organization tax returns are more likely than not to be sustained upon examination. The Organizations returns are subject to examination by federal and state tax ing authorities, generally for three years and four years, respectively, after they are filled.



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT THE STATEMENTS ARE PROVIDED TO THE CHAIRMAN IF A CONFLICT IS DISCLOSED THAT MEMBER WILL RECUSED FROM ANY DISCUSSION OR DECISION RELATED TO ANY ITEM THAT MAY BE AFFECTED BY THE C ONFLICT OF INTEREST THIS IS TRUE FOR ANY BOARD MEMBER, OFFICERS, MANAGEMENT AND STAFF

990 Schedule O, Supplemental Information

Reference	Explanation
Part VI, Line 15a	THE PROCESS CONTAINS THREE ELEMENTS ONE IS REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF OUR ORGANIZATION TWO IS THE USE OF COMPARABLE DATA AS TO COM PARABLE COMPENSATION THREE IS DOCUMENTATION AND RECORDKEEPING REGARDING THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMNT

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VI, Line 19 Other	THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR SUCH INFORMATION
Organization Documents	
Publicly Available	

Return Reference

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT OVERSEES THE AUDIT PROCESS FOR THE YEAR

990 Schedule O, Supplemental Information

Part XII, Line
2 Change of
Oversight or
Selection
Process

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318130608 OMB No 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** 2017 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization United Way of Fresno and Madera Counties 94-1156514 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity (1) FRESNO FUND I LLC INVESTING DE NΑ 4949 E KINGS CANYON ROAD FRESNO, CA 93727 94-1156514

							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Complete if the org	anızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		5) 512(b) ntrolled ity?
						Yes	No
-							
						_	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 5013	35Y		Schedule R (Form	990) 20	017

			1		1	1				ı .			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
			unu y)									\	res
								+					
												\top	\top

Pā	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d		1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q		1 q		No
	Other transfer of cash or property to related organization(s)	1 .		No

m	n Performance of Services or membership or fundraising solicitations by related organization(s)	+""	140
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(a) Name of related organization (b) (c) (d) Transaction Amount involved Method of determining a	amount inv	anly od
	type (a-s)	arriount inv	olved

Schedule R (Form 990) 2017

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Form **990**

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493135043468 OMB No 1545-0047

Open to Public

Department of the Treasury

▶ 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

ntemai	Keven	ue Service							Inspec	LION	
A Fo	r the	2016 ca		ginning 07-01-2016 , and endi	ng 06-30-	2017					
		plicable	C Name of organization UNITED WAY OF FRESNO AND M	MADERA COUNTIES			D Employ	er identi	ification nur	nber	
	dress cl me cha	-					94-115	6514			
	ial retu	-	Doing business as								
Fina Detur	al n/term	inated		E Telepho	E Telephone number						
		return	Number and street (or P O box 4949 E KINGS CANYON ROAD	if mail is not delivered to street address)	Room/suite		· .				
☐ App	olicatio	n pending	City or town, state or province, or	country, and ZIP or foreign postal code			(559) 2	243-366	/		
			FRESNO, CA 93727				G Gross re	eceipts \$ 1	2.240.976		
			F Name and address of princ	cipal officer		H(a) Is this		•	· · ·		
			GREG BAKER 4949 E KINGS CANYON ROAL				inates?			s ☑ No	
			FRESNO, CA 93727			н(b) Are all	subordina	tes		s 🗹 No	
[Tax	-exem	pt status	☑ 501(c)(3) ☐ 501(c)()	◄ (insert no)	7 527	include If "No.		list (see	e instruction		
ı w	ebsite	e:► WW	W UWFM ORG			H(c) Group				,	
(Form	of org	ganızatıon	☑ Corporation ☐ Trust ☐ A	Association ☐ Other ►	L	Year of forma	tion 1924	M State	e of legal dom	nicile CA	
Pa		Sumi	mary cribe the organization's missio	n or most significant activities							
	T	O IMPRO'	VE THE QUALITY OF LIFE BY M	OBILIZING THE CARING POWER OF	COMMUN:	ITIES TO MAI	KE LONG L	ASTING	CHANGE AI	ND IMPAC	
္ ၂	<u> 11</u>	N COMMU	INITY CONDITIONS								
=	_										
	_										
Governance				discontinued its operations or disp			of its net a		1	4.0	
ধ			_	rning body (Part VI, line 1a)				3	+	18	
Activities &			•	s of the governing body (Part VI, lir			•	5		32	
			• •	n calendar year 2016 (Part V, line 2) necessary)	•		•	6	+	714	
¥			,	Part VIII, column (C), line 12			•	7a		714	
			ated business taxable income f			7b					
		Tet dill'el	acca basiness taxable medine i			Pric	r Year	1,5	Current	 Year	
_	8 (Contribut	ions and grants (Part VIII, line		1,745,	344		1,971,296			
Ravenue			, , , , , , , , , , , , , , , , , , , ,	e 2g)			197,		35 2:		
ον.		-	nt income (Part VIII, column (995		31			
~	11 (Other rev	enue (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10c, and 11e)			250,	693		56,866	
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), l	ine 12)		2,192,	977		2,240,976	
	13 (Grants ar	nd sımılar amounts paıd (Part I	X, column (A), lines 1–3)			38,	523		(
	14	Benefits p	paid to or for members (Part IX	(, column (A), line 4)						(
જ	15	Salaries,	other compensation, employee	e benefits (Part IX, column (A), line	s 5-10)		1,394,	599		1,095,952	
Expenses	16a	Professio	nal fundraising fees (Part IX, c	olumn (A), line 11e)	•					(
ă X			aising expenses (Part IX, column (D	·							
ا ۳		·		nes 11a-11d, 11f-24e)	•		1,243,	551		987,513	
		•	·	equal Part IX, column (A), line 25)			2,676,			2,083,46	
(0)	19	Revenue	less expenses Subtract line 18	3 from line 12	•	<u> </u>	-483,			157,51	
Net Assets or Fund Balances						Beginning	or current \	rear	End of Y	ear	
e e	20	Total asse	ets (Part X, line 16)				2,881,	808		2,168,558	
\$ B	21	Total liab	lities (Part X, line 26)				2,142,	989		1,272,228	
≅.∄	22	Net asset	s or fund balances Subtract lir	ne 21 from line 20			738,	819		896,330	
Par	t II	Signa	ature Block					•			
				amined this return, including accon ete Declaration of preparer (other							
	nowled		i, it is true, correct, and compr	ete Deciaration of preparer (other	triair office) is based of	I all lilloill	acion oi	willcii prep	arei ilas	
		I k									
::		Signati	re of officer			2018 Date	3-05-15 :				
Sign Here		CDEC	DAKED Beend Chair								
. 5. 0			BAKER Board Chair r print name and title								
		' Pi	rınt/Type preparer's name	Preparer's signature	Dat	e		PTIN			
Paid	ı		austo Hinojosa CPA CFE	Fausto Hinojosa CPA CFE		Chec		P001969:	12		
	oare	r 🖪	rm's name Price Paige and Cor	mpany	1	1	's EIN ►				
-	Onl	1 =	rm's address ▶ 677 Scott Avenue			Phor	ne no (559)	299-9540	0		
			Clovis, CA 93612								
∙lay th	ne IRS	discuss	this return with the preparer s	hown above? (see instructions) .				. ✓	Yes 🗆 No)	

Form	990 (2016)						Page 2
Par	t IIII Stateme	ent of Program Service	e Accomplis	hments			
	Check If S	chedule O contains a respo	nse or note to	any line in this Part III			. \square
1	Briefly describe th	he organization's mission					
	MPROVE THE QUAL MUNITY CONDITIO		G THE CARING	POWER OF COMMUNITIE	ES TO MAKE LONG LASTING CHANG	E AND IMPACT	IN
2	Did the organizat	non undertake any significa	nt program ser	vices during the year wh	 nich were not listed on		
	the prior Form 99	90 or 990-EZ?				🗌 Yes 🔽	No
	If "Yes," describe	these new services on Sch	iedule O				
3	Did the organizat	ion cease conducting, or m	ake significant	changes in how it condu	cts, any program		
		these changes on Schedul				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3)	anızatıon's program service	accomplishmer	to report the amount of	argest program services, as measui f grants and allocations to others, th		5
4a	(Code) (Expenses \$	1,250,079	including grants of \$) (Revenue \$)	
	See Additional Data		-,,	,	, (,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)	
4d	Other program se	ervices (Describe in Schedi	ıle O)				
	(Expenses \$,	uding grants of	\$) (Revenue \$)	
4e	Total program s	service expenses ▶	1,250,0	79			

1

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

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17

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19

Yes

Yes

Yes

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Page 3

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Nο

No

Nο

Form **990** (2016)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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?

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? 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?

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 🛸 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 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 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

12a Did the organization obtain separate, independent audited financial statements for the tax year? 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 🕏

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Yes

20a

22

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

23 the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 24a

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

29

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
FCI	Check if Schedule O contains a response or note to any line in this Part V			
	check if Schedule S contains a response of note to any line in this fact v	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
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?	_		
e-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a		No
Va	solicit any contributions that were not tax deductible as charitable contributions?	Oa		INO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	6b		
7	not tax deductible?	60		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		No
	provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	<u> </u>		
е	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		No
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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?			
0-	Did the approxima arganization make any tayable distributions under costion 40662	8 9a		No No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		No
10	Section 501(c)(7) organizations. Enter	50		140
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
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.			
а	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		No
b	Enter the amount of reserves the organization is required to maintain by the states in	134		140
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 99	0 (2016)

3	990 (2016)			Page 6
Paru	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
1a	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
	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 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	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	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
,	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	103	
	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
	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		
	ction C. Disclosure			<u> </u>
Sec	List the States with which a copy of this Form 990 is required to be filed▶			
.7	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
.7 .8	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			
.7 .8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			

Part VII

Director

(F)

Form 990 (2016)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

(C)

(D)

(E)

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

(B)

- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Name and Title	Average hours per week (list any hours for related	pers	n on on is	e bo bot ecto	nx, u h an or/tr	inless office ustee	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) SARA CAMORODA Director	2 00	х						0	0	0
(2) JOHN LEDESMA Director	2 00	х						0	0	0
(3) ROBYN GONZALES Director	2 00	×						0	0	0
(4) PATRICK CARMAN Director	2 00							0	0	0
(5) KELLY FOWLER Director	2 00	×						0	0	0
(6) BOB REYES Vice President	2 00	×		×				0	0	0
(7) ERIC FLEMING Director	2 00	х						0	0	0
(8) RICK WOLF Secretary	2 00	x		х				0	0	0
(9) CHRISTINA WYNEKEN Treasurer	2 00	x		×				0	0	0
(10) RAUL SAMORA Director	2 00	×						0	0	0
(11) SUE SMILIE MONTGOMERY Director	2 00	×						0	0	0
(12) DEREK ROBINSON Director	2 00	х						0	0	0
(13) GREG BAKER Chairman	2 00	x		×				О	0	0
(14) JEFF CARDELL Director	2 00	х						0	0	0
(15) SCOTT MOORE Director	2 00	х						0	0	0
(16) MARC YOUNG Director	2 00	×						0	0	0
(17) ENRIQUE LOPEZ	2 00									

0 00

Page 8

4

5

(B)

Description of services

Nο

Νo

(C)

Compensation

Form 990 (2016)

Section A. Officers, Directors	i, irustees, K	ey cm	pioy	ees	<u>, an</u>	a riig	mes	st compensated	employees (con	unuea)	
(A) Name and Title	(B) Average hours per week (list any hours	(one bo oth a direct	ox, u in off	it che unles ficer	ss pers and a	(E) Reportable compensation from related organizations	Estim amount o compen from	ated of other sation the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	organızat relat organız	ed
(18) LINDSAY CALLAHAN	40 00			l _x				86,170	0		0
Executive Dir	0 00										
1b Sub-Total					•	٠					
c Total from continuation sheets to Part d Total (add lines 1b and 1c)					>	•		86,170			
Total number of individuals (including but of reportable compensation from the organization)	t not limited to t				/e) w	iho red	ceive	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former offic line 1a? If "Yes." complete Schedule 1 for											

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

1b :	Sub-Total			
c ·	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c)			
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 \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

5

Section B. Independent Contractors

compensation from the organization ▶ 0

Part		Statement of	Revenue								rage 3
				a respo	onse or note to any	line in t	hıs Part VIII				\square
						((A) revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	La Federated campaigi	ns	1a	817,743			rev	enue		512-514
nts nts		b Membership dues		1b	<u> </u>						
rar		•			<u> </u> 						
€		c Fundraising events		1c	<u> </u> 						
ar a		d Related organizatio		1d							
 ⊒		e Government grants (co		1e							
Sis		f All other contributions, and similar amounts no	gıfts, grants, ot ıncluded	4.6	1 152 552						
Contributions, Gifts, Grants and Other Similar Amounts		above		1f	1,153,553						
흡종		g Noncash contribution in lines 1a-1f \$	ns included								
Contained											
	╀	h Total.Add lines 1a-1	r	• •	Business		,971,296				
Service Revenue	,	• PROCEDAN CERVICE REV	ENUE		Dusilless	561000	21	.2,499	212,	100	
4	2	a PROGRAM SERVICE REV				301000	21	.2,499	212,	499	
υ Œ		ь		_							
۲	۱ ا	с ———									
ð		d ————————————————————————————————————									
ran		e									
Program		, -				212,499					
<u> </u>		Total.Add lines 2a-2f				1		I	Г		
		Investment income (in similar amounts)			interest, and other	.	315		315		
	4	· Income from investme	ent of tax-exe	mpt b	ond proceeds		0				
	5	Royalties					0				
			(ı) Rea		(II) Personal						
	6	a Gross rents		22.176							
		b Less rental expenses		32,176		-					
		c Rental income or (loss)		32,176							
		d Net rental income or	r (loss)		.	-	32,176		32,176		
			(ı) Securit		(II) Other	1			·		
	7.	a Gross amount from sales of assets other than inventory									
		b Less cost or other basis and sales expenses									
		C Gain or (loss)]					
	l	d Net gain or (loss) .		•	•		0				
Other Revenue	8	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on line 1c)	of							
Re		b Less direct expenses	s	b		1					
e		c Net income or (loss)	from fundrais	ing ev	ents ▶		0				
o #	9	a Gross income from g See Part IV, line 19		es a							
	l	b Less direct expenses c Net income or (loss)		b activit		<u></u>	0				
	10	DaGross sales of invent returns and allowand	ory, less es	a							
		b Less cost of goods s	old	b							
		c Net income or (loss)		invent	tory ►		0				
	Ļ	Miscellaneous	Revenue		Business Code						
		1aother Revenue			900099		10,077		10,077		
		b SPECIAL EVENTS			900099	9	14,613		14,613		
		с									
		d All other revenue .									
		e Total. Add lines 11a	-11d				24,690				
	1	2 Total revenue. See	Instructions				2,240,976		269 680		
	ш						2,240,370		203,000		Form 990 (2016)

Forr	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	86,170	51,702	17,234	17,234
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	822,399	493,439	164,480	164,480
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	115,929	69,557	23,186	23,186
10	Payroll taxes	71,454	42,872	14,291	14,291
11	Fees for services (non-employees)				
ā	Management	0			
I	Legal	0			
	: Accounting	51,580		51,580	
	I Lobbying	0			
•	Professional fundraising services See Part IV, line 17	0			
1	Investment management fees	0			
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	70,801	21,240	11,725	37,836
14	Information technology	0			
15	Royalties	0			
16	Occupancy	59,395	35,637	11,879	11,879
17	Travel	13,349	8,009	2,000	3,340
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •	0			
19	Conferences, conventions, and meetings	73,572	42,858		30,714
20	Interest	43,914	26,348	8,783	8,783
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	31,584	18,950	6,317	6,317
23	Insurance	15,252	6,101	9,151	_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount				

223,971

138,396

103,762

50,314

111,623

2,083,465

223,971

89,559

10,317

109,519

1,250,079

46,739

50,314

1,580

416,693

Form **990** (2016)

2,098

93,445

524

416,693

exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 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)

expenses on Schedule O)

b Supplies

d Special events

e All other expenses

a Funded projects for design ag

c Program grant management

Form 990 (2016)

					0 0 ,		1
	1	Cash-non-interest-bearing		•	958,097	1	336,776
ets	2	Savings and temporary cash investments .				2	0
	3	Pledges and grants receivable, net			641,217	3	647,185
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L				5	0
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 tions o	(c)(3)(B), and of section 501(c)(9)		6	0
	7	7 Notes and loans receivable, net			7	0	
SS	8	Inventories for sale or use				8	0
⋖	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,703,766			

452.236

1,272,228

896,330

896,330

2,168,558 Form **990** (2016)

Assets		contributing employees' beneficiary organizations or 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	d expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,703,766			
	ь	Less accumulated depreciation	10 b	570,277	1,167,053	10 c	
	11	Investments—publicly traded securities .	64,616	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	50,825	15			

	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,881,808	16	2,168,558
	17	Accounts payable and accrued expenses	70,624	17	71,230
	18	Grants payable		18	
abilities	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		22	

17	Accounts payable and accrued expenses	70,624	17	71,230
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
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	764,707	23	748,762
24	Unsecured notes and loans payable to unrelated third parties		24	
	18 19 20 21 22	 18 Grants payable	18 Grants payable	18 Grants payable

1.307.658

2,142,989

738.819

738,819

2,881,808

25

26

27

28 29

30

31

32

33

34

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > \square and

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

26

27

28

29

30

31

32

33 34

Assets or Fund Balances

Net

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check 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			,240,976
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,083,465
3	Revenue less expenses Subtract line 2 from line 1	3			157,511
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			738,819
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			896,330
Par	t XIII Financial Statements and Reporting				
	Check 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle			

За

3b

Νo

Form **990** (2016)

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000303 **Software Version:** 2016v3.0

Promote human service programs through development and administration of financial services, evaluation and planning for community programs, and relations with

EIN: 94-1156514

Name: UNITED WAY OF FRESNO AND MADERA COUNTIES

Form 990, Part III, Line 4a:

Form 990 (2016)

community The organization's revenue is primarily from contributions and grants

efile GRAPHIC print - DO NOT PROC				PROCESS	PROCESS As Filed Data -				DLN: 93493135043468		
SCI	IED	ULE A		Public C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047		
(For	m 990		Comp	olete if the org	ganization is a sect	ion 501(c)(3) c	organization o		2016		
990E	(Z)			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010		
		the Treasury	► Info	rmation about	Schedule A (Form			uctions is at	Open to Public Inspection		
Name	of th	ue Service ne organiza		NTIEC	<u>www.ns.g</u>	<u>50/10/11/990</u> .		Employer identific	<u> </u>		
JNITE) WAY	OF FRESNO AF	ND MADERA COU	NIIES				94-1156514			
Pai					s (All organization			See instructions.			
	rganız		•		it is (For lines 1 thro	•	,	(4)(1)			
1		,		·	ociation of churches			(A)(I).			
2)(A)(ii). (Attach Sch	·					
3		•	•	•	ce organization descr						
4		name, city,	and state					170(b)(1)(A)(iii). E	·		
5			ition operated (iv). (Complet		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in section 1/0		
6		A federal, s	tate, or local g	government or g	governmental unit de	scribed in sectio	on 170(b)(1)(A	4)(v).			
7	✓	section 17	'0(b)(1)(A)(v	/i). (Complete I	Part II)		-	unit or from the gener	al public described in		
8		A communi	ty trust describ	bed in section	170(b)(1)(A)(vi)	(Complete Part I	[)				
9					scribed in 170(b)(1) e instructions Enter f			with a land-grant coll college or university	ege or university or a		
LO		from activit	ies related to i income and u	its exempt fund nrelated busine	tions—subject to cert	ain exceptions, a	and (2) no more	is, membership fees, as than 331/3% of its su sses acquired by the c	pport from gross		
1	П				exclusively to test for	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported o	organizations de		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th). See section 509(a			
a		Type I. A s	supporting orga	anızatıon opera	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by of the supporting orga			
h		-	•	ions A and B.							
b	Ц	manageme	nt of the suppo		tion vested in the san			organization(s), by ha ge the supported orga			
С					upporting organization			nd functionally integra	ited with, its		
d		functionally	integrated Th	ne organization		fy a distribution i		th its supported organd an attentiveness req			
e		Check this	box if the orga	inization receive	•	ation from the IF	RS that it is a Ty	/pe I, Type II, Type II	I functionally		
f	Enter		of supported	•	ntegrated supporting	organization					
g	Provid	de the follow	ing informatio	n about the sup	ported organization(s)			_		
(i)Na	ame of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No	1			
Γotal				ce, see the Ins		Cat No 11285		 Schedule A (Form 9	00 000 75: 000		

2	Tax revenues levied for the organization's benefit and either paid						0
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,524,336	1,474,740	1,768,482	1,967,134	1,992,791	8,727,483
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)						0
6	Public support. Subtract line 5 from line 4						8,727,483
,	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) ⊤otal
7	Amounts from line 4	1,524,336	1,474,740	1,768,482	1,967,134	1,992,791	8,727,483
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	37,280	28,310	19,660	-995	315	84,570

	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f) ⊤otal
7	Amounts from line 4	1,524,336	1,474,740	1,768,482	1,967,134	1,992,791	8,727,483
8	Gross income from interest,						
	dividends, payments received on	37,280	28,310	19,660	-995	315	84,570
	securities loans, rents, royalties and	,		,			
	income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						0
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	41,553	245,743	200,776	226,838	56,866	771,776
	assets (Explain in Part VI)						
11	Total support Add lines 7 through				l	I	l

lotal support. Add lines / through 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,

9,583,829

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

organization

instructions

supported organization

14

Schedule A (Form 990 or 990-EZ) 2016

15

		_
91	060	%
90	810	%

▶ ☑

▶□

15 Public support percentage for 2015 Schedule A, Part II, line 14 16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

box and stop here. The organization qualifies as a publicly supported organization

91	06

	and stop here. The organization qualifies as a publicly supported organization	Þ
h	33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, chec	k this

17a 10%-facts-and-circumstances test-2016. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2015. 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

Section A. Public Support								
the organization fails to qualify under the tests listed below, please complete Part II.)								
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT							

Se	ection A. Public Support									
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total			
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and									
_	membership fees received (Do not	I								
	ınclude any "unusual grants`")	<u> </u>								
2	Gross receipts from admissions,	I								
	merchandise sold or services performed, or facilities furnished in	I								
	any activity that is related to the	I								
	organization's tax-exempt purpose	I								
_	Cross receipts from activities that are									
3	Gross receipts from activities that are not an unrelated trade or business	I								
	under section 513	I								
4	Tax revenues levied for the									
	organization's benefit and either paid	I								
5	to or expended on its behalf The value of services or facilities									
,	furnished by a governmental unit to	I								
	the organization without charge	ļ								
6	Total. Add lines 1 through 5	<u></u>								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I								
	5 received from disqualified persons	<u> </u>								
b	Amounts included on lines 2 and 3									
	received from other than disqualified	I								
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I								
	13 for the year	I								
C	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6)									
31	ection B. Total Support	Г	1	T	Т					
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total			
9	Amounts from line 6									
.0a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and									
ь	income from similar sources Unrelated business taxable income									
U	(less section 511 taxes) from									
	businesses acquired after June 30,									
	1975									
	Add lines 10a and 10b Net income from unrelated business									
11	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) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization			
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □			
<u> </u>	ection C. Computation of Public	Support Perce	ntage							
15	Public support percentage for 2016 (lin			column (f))		15				
16	Public support percentage from 2015 S		· ·	(.,,		16				
	ection D. Computation of Invest	<u> </u>				10				
17	Investment income percentage for 20:			line 13, column (f))	17				
18	Investment income percentage from 2			,(••	18				
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 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—2015. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

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

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

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? 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	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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)? If "Yes," describe in Part VI when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below	3a			
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				

	below	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 $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the						
	determination						
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
	Did the eventualities have objected and discussion in deciding whather to make make to the fewering comparted	\Box					

		30	l			
c						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? 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	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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	(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)		
		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	
С	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		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

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

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))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	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?	11a					
b	A family member of a person described in (a) above?	11b					
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
C-	ection B. Type I Supporting Organizations						
se	ection 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 of	ır 🗀	1.03	""			
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa						
	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	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? 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	2					
			•	•			
Se	ection C. Type II Supporting Organizations		Yes	N.			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No			
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)						
		1					
				•			
Se	ection D. All Type III Supporting Organizations		T.				
	Did the appropriate analysis to each of the growth of annual to the last the cold of the cold of the	,	Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of						
	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	-	<u> </u>			
2	Want and of the suppose to the suppose of the suppo						
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? If "No," explain in Part VI how the organization	"					
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>					
_	Divinion of the valeting described in (2) did the surround of	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t						
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard						
	ection 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 instr	actions)					
a							
b							
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))			
2	Activities Test Answer (a) and (b) below.	_	Yes	No			
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? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3					
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>					
	substantially all of its activities	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? 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	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.	_					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a					
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1				
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b					
		,	1				

-	Add lifles 1 till odgif 5			
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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	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	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Schedule A ((Form 990 or 990-EZ) 2016	age 8			
Part VI	,				
	Facts And Circumstances Test				
990 Schec	dule A, Supplemental Information	<u></u>			

Return Reference Explanation

URE AND SOURCE HAS BEEN MISCELLANEOUS AND SPECIAL EVENTS

Explanation

Support Schedule Other Income SCHEDULE A, PART II, LINE 10 - SPECIAL EVENTS HELD FOR OUTREACH TO THE GENERAL PUBLIC NAT Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

DLN: 93493135043468

OMB No 1545-0047

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.

(Form 990)

1

6

2

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** UNITED WAY OF FRESNO AND MADERA COUNTIES 94-1156514 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 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) 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 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Cat No 52283D Schedule D (Form 990) 2016

Par	£ 1111	Organizations Maintaining Co	llections of Art,	Histor	ical T	reas	ures, or	Other	Similar A	ssets (c	continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the f	ollowing t	hat are a	significant	use of its	collection	
а		Public exhibition		d		Loar	n or excha	ange prog	rams			
b		Scholarly research		e		Othe	er					
C		Preservation for future generations										
4	Provid Part >	de a description of the organization's co KIII	llections and explain	how th	ey furtl	her th	ne organiz	ation's ex	empt purpo	ose in		
5		g the year, did the organization solicit os to be sold to raise funds rather than t							ılar	☐ Ye	s 🗆 N	lo
Pa	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											
ь	If "Ye	es," explain the arrangement in Part XII	I and complete the f	ollowing	table				Δ	mount		
c	Begin	ning balance						1c				
d	Addıt	ions during the year						1d				_
е	Dıstrı	butions during the year						1e				_
f	Endın	g balance						1f				_
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount lia	bility?	☐ Ye	s 🗆 N	lo
b	If "Ye	s," explain the arrangement in Part XII:	I Check here if the e	explanat	ion has	s beer	n provided	d in Part)	KIII		. \square	
Pa	rt V	Endowment Funds. Complete in	f the organization	answe	red "Y	es" o	n Form	990, Par	t IV, line 1	LO.		
		·	(a)Current year	(b)F	rıor yea	ır	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four yea	ırs back
1 a	Beginn	ing of year balance	64,616		69	9,669		65,062		54,129		50,114
b	Contrib	outions										
C	Net inv	estment earnings, gains, and losses			-!	5,053		4,607		10,933		4,015
d	Grants	or scholarships										
	and pro	expenditures for facilities ograms	64,616									
f	Admını	strative expenses										
g	End of	year balance			64	4,616		69,669		65,052		54,129
2		de the estimated percentage of the curr	ent year end balance	e (line 1	g, colu	mn (a	a)) held a	s				
а		d designated or quasi-endowment >	100 000 %									
b		anent endowment ▶										
С		orarily restricted endowment >										
_		percentages on lines 2a, 2b, and 2c show	·									
3а		nere endowment funds not in the posse: iization by	ssion of the organiza	tion tha	t are n	ieia ai	na aamini	sterea ro	rtne		Yes	No
	(i) ur	nrelated organizations								3a	a(i)	No
	(ii) re	elated organizations								За	(ii)	No
b		s" on 3a(II), are the related organization	·			. ?				. 3	3b	No
4		ribe in Part XIII the intended uses of the		wment	funds							
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization ansi		m 990	Dart	T\/ lı	no 11a	See For	ກ 00∩ Dai	rt V line	10	
	Descri	ption of property (a) Cost or ot (investm	her basis (b)Cost	or other					epreciation		d)Book valu	e
	Land				1	70,000						170,000
	Buildin					03,889			356,793			947,096
		old improvements							, -			, -
		nent			1	64,558	3		148,165			16,393
	Other		+			65,319			65,319			
		lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu					<u>, </u>			1,133,489

Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganizatio	n ansv	vered 'Yes' on Form 990, F	Part IV, line 11b.
	(a) Description of security or category (including name of security))Book value	(c)Method o Cost or end-of-ye	
(1)Financial (2)Closely-h	derivatives				
(3)Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) 					
(G)					
(H)					
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the o	• Praanizati	on and	swered 'Ves' on Form 990	Part IV line 11c
Pait VIII	See Form 990, Part X, line 13.				
	(a) Description of investment	(b) Book	value	(c) Method o Cost or end-of-ye	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Pa	art IV, line 11d See Form 990	, Part X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)				b
Part X	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25.	ered 'Yes'	on Fo	orm 990, Part IV, line 11e	or 11f.
1.	(a) Description of liability		(b) B	ook value	
(1) Federal i	ncome taxes				
Fiduciary fur	nds due to other org			68,564	
Pledges due	to designated agencies			383,672	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		452,236	
2 Liability fo	or uncertain tax positions. In Part XIII, provide the text of the f	footpote to	the or		ints that reports the

1

2

e

3

5

1

2

b

d

3

4

C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, bu
Investment expenses not included on Form 990, Part
Other (Describe in Part XIII)
Add lines 4a and 4b

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements

ut not on line 1 t VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

						Γ
_			 	 	 	ı

2e	
3	
4c	
5	

2e

3

Subtract line 2e from line 1				3		
Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 nes 2d and 4b, and Part XII, lines 2d and 4b			de any	addıtıonal ınformatıon
Return Reference Explanation		planation				
ee Addıtıonal Data Table						
			, and the second		•	

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015		
tinued)	Part XIII Supplemental Information (co		
Explanation	Return Reference		

Schedule D (Form 990) 2016

Additional Data

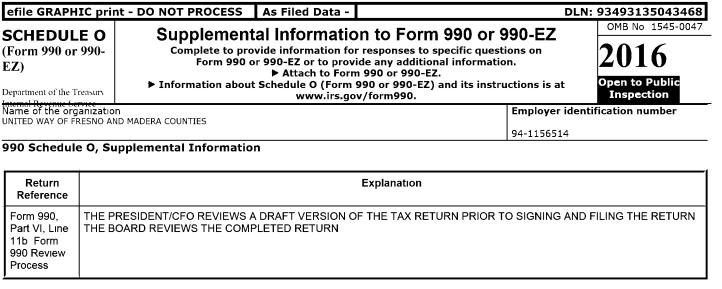
Software ID: 16000303
Software Version: 2016v3.0

EIN: 94-1156514

Name: UNITED WAY OF FRESNO AND MADERA COUNTIES

Supplemental Information

Return Refere	ce Explanation	
Part X FIN48 Footnot	The Organization has qualified as a non-profit organization and has been granted tax-exemp t status pursuant to Internal Revenue Code Section 501(c)(3) and California Revenue and Ta xation Code Section 23701(d) and is exempt from Federal and State of California income tax es Generally accepted accounting principles provides accounting and disclosures guidance a bout positions taken by an entity in its tax returns that might be uncertain. Management h as considered its tax positions and believes that all of the positions taken in its federa I and state exempt organization tax returns are more likely than not to be sustained upon examination. The Organizations returns are subject to examination by federal and state tax ing authorities, generally for three years and four years, respectively, after they are filed.	



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT THE STATEMENTS ARE PROVIDED TO THE CHAIRMAN IF A CONFLICT IS DISCLOSED THAT MEMBER WILL RECUSED FROM ANY DISCUSSION OR DECISION RELATED TO ANY ITEM THAT MAY BE AFFECTED BY THE C ONFLICT OF INTEREST THIS IS TRUE FOR ANY BOARD MEMBER, OFFICERS, MANAGEMENT AND STAFF

990 Schedule O, Supplemental Information

Reference	Explanation
Part VI, Line 15a	THE PROCESS CONTAINS THREE ELEMENTS ONE IS REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF OUR ORGANIZATION TWO IS THE USE OF COMPARABLE DATA AS TO COM PARABLE COMPENSATION THREE IS DOCUMENTATION AND RECORDKEEPING REGARDING THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMNT

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VI, Line 19 Other	THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR SUCH INFORMATION
Organization Documents	
Publicly Available	

Return **Explanation** Reference Form 990. THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT PROCESS.

Part XII, Line
2 Change of
Oversight or
Selection

990 Schedule O, Supplemental Information

Process

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135043468 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Open to Public ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** UNITED WAY OF FRESNO AND MADERA COUNTIES 94-1156514 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) FRESNO FUND I LLC INVESTING 732 NA DE 4949 E KINGS CANYON ROAD FRESNO, CA 93727 94-1156514 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

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

Cat No 50135Y

Schedule R (Form 990) 2016

4.3		1 // // //	1 , 1	4.15	1 4	1 40	1 .			1 ()	1 4	., 1	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											\vdash		
		1	1		1		1		1				
Identification of Related Organizat because it had one or more related org						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV	, line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	(1	1) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Typ	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	control
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No						
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No						
b Gift, grant, or capital contribution to related organization(s)	1b		No						
c Gift, grant, or capital contribution from related organization(s)	1c		No						
d Loans or loan guarantees to or for related organization(s)	1d		No						
e Loans or loan guarantees by related organization(s)	1e		No						
f Dividends from related organization(s)	1f		No						
g Sale of assets to related organization(s)	1g	\Box	No						
h Purchase of assets from related organization(s)	1h		No						
i Exchange of assets with related organization(s)	1 i		No						
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No						
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No						
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No						
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No						

Page **3**

Schedule R (Form 990) 2016

I Exchange of assets with related organization(s)	41	NO
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No

р	Reimbursement paid to related organization(s) for expenses				1p	No			
q	Reimbursement paid by related organization(s) for expenses				1q	No			
r	Other transfer of cash or property to related organization(s)				1r	No			
s	Other transfer of cash or property from related organization(s)				1s	No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining a	mount involv	ved			
		type (a-s)							
		1	1			-			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	e of Share of all end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	pox managing partner? le		(k) Percentage ownership
			514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016

DLN: 93493135045138

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 qov/foim990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year begi	nning 07-01-2015 , and ending 06-30-2	016				
B Che	eck if ap	pplicable	C Name of organization UNITED WAY OF FRESNO AND N	MADERA COUNTIES		D Employ	yer ident	ification number	
_	ldress c	-	5			94-11	56514		
_	me cha		Doing business as						
I In	ıtıal retu nal	urn				E Telepho	na numbe	ır.	
	termina	ated	Number and street (or P O box 4949 E KINGS CANYON ROAD	if mail is not delivered to street address) Room/	'suite				
	ended			1770		(559)	243-36	67	
Ap	plication	n pending	FRESNO, CA 93727	country, and ZIP or foreign postal code		G Gross re	eceints \$ 2	2.192.977	
			F Name and address of pri	ncinal officer	11/2) 7	_		<u> </u>	
			GREG BAKER	merpar officer		this a group bordinates?	return fo	or □ Yes 🔽	
			4949 E KINGS CANYON R FRESNO,CA 93727	ROAD	N	0		1 163 14	
Ta:	x-exem	pt status	▼ 501(c)(3)	◄ (insert no) 4947(a)(1) or 527		e all subordii :luded?	nates	⊤Yes 🗸 No	
				(ilisercino) 4947(a)(1) 01 527			a list (s	ee instructions)	
J W	ebsite	∷► www	w UWFM ORG		H(c) G	roup exempt	on numb	oer ▶	
K Forr	n of org	ganızatıon	✓ Corporation Trust As	sociation	L Year of	formation 19	24 M St	ate of legal domicile CA	
Do	rt I	Cum	m2 2 M14						
ΡŒ		Sum		sion or most significant activities					
	TO	O IMPRO	OVE THE QUALITY OF LIFE	BY MOBILIZING THE CARING POWE	ROFCOMMU	UNITIES TO	MAKE I	ONG LASTING	
a)	<u>C1</u>	HANGE	AND IMPACT IN COMMUN	ITY CONDITIONS					
Governance	_								
Ě									
<u>></u>	2 C	heck th	is box ▶ ┌ if the organizatio	n discontinued its operations or dispose	d of more tha	n 25% of its	net ass	ets	
	3 N	lumbar	of voting mombors of the gav	erning body (Part VI, line 1a)			з	19	
Activities &			-	ers of the governing body (Part VI, line 1			4	19	
<u> </u>				in calendar year 2015 (Part V, line 2a)	•	ŀ	5	35	
Act			, ,	ıf necessary)		6	847		
			related business revenue fror			7a	0		
	b Ne	et unrela	ated business taxable income	e from Form 990-T, line 34			7b		
					Р	rior Year		Current Year	
	8	Contri	butions and grants (Part VII		1,635,0	162	1,745,344		
Ravenue	9	Progra	am service revenue (Part VII	I, line 2g)				197,935	
٥٨÷١	10		,	umn (A), lines 3, 4, and 7d)	· · · · · · · · · · · · · · · · · · ·	507	-995		
Œ	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	349,249		250,693		
	12	Totalı 12)	revenue—add lines 8 through	1,988,9	18	2,192,977			
	13		s and similar amounts paid (F	Part IX, column (A), lines 1-3)		40,0	000	0	
	14	Benefi	ts paid to or for members (Pa			0			
	15	Saları	es, other compensation, emp	1,439,4	139	1,394,599			
Expenses		5-10)		/ / / / / / / / /		1,133,	-		
p e	16a		•	: IX, column (A), line 11e)	•			0	
ሿ	b		indraising expenses (Part IX, colum				10.2	1 202 074	
	17 18		, , , , , , , ,	A), lines 11a-11d, 11f-24e) (must equal Part IX, column (A), line 25	·	692,8 2,172,3		1,282,074 2,676,673	
	19		•	ine 18 from line 12		-183,4		-483,696	
<u>ک</u> و			Japonsos Subduct I			<u> </u>		<u>.</u>	
Net Assets or Fund Balances					Beginnin	g of Current \	ear	End of Year	
Ass. Bal	20		assets (Part X, line 16) .		.	3,025,3		2,881,808	
<u> </u>	21		liabilities (Part X, line 26) .		•	2,075,1		2,142,989	
	22			act line 21 from line 20		950,2	26	738,819	
Unde my ki	nowled	Ities of Ige and		examined this return, including accomp complete Declaration of preparer (other					
		****	* *			2018-05-15			
Sign		Signa	ature of officer			Date			
Here			G BAKER Chairman						
		<u> </u>	or print name and title						
			rınt/Type preparer's name Fausto Hinojosa CPA CFE	Preparer's signature Fausto Hinojosa CPA CFE		Check I if	PTIN P001969	12	
Paid		- -	irm's name Price Paige and Co			self-employed Firm's EIN ►			
	pare	r F	irm's address > 677 Scott Avenue	surpant.		Phone no (559)	299-954	0	
Use	Onl	ly 📑	Clovis CA 93612			(555)			

. ✓Yes No

Par	t 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		No
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 2	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		No
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	Yes	
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			
	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	
	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
	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	11 c		No
	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	11 d		No
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 3	12a		No
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	Yes	
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? <i>If "Yes," complete Schedule G, Part I</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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4		
Par	t IV Checklist of Required Schedules (continued)					
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? If "Yes," complete Schedule I, Parts I and II	21		No		
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? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No		
25 a	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? If "Yes," complete Schedule L, Part I	25a		No		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		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? If "Yes," complete Schedule L, Part II	26		No		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					
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)					
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>					
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No		
	Part IV	28b		No		
С	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? If "Yes," complete Schedule L, Part IV	28 c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I	33	Yes			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			

	Check 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 1a 33	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0)		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	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		No
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	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? 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).			
а	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?	7 b		
С	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	0		
е	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?	5 7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
а	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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13 a		No
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			
c	Enter the amount of reserves on hand	_[
	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.

Se	ction 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 19			
	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 19			
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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		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	12 a	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	12 c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b	Yes	
	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?	16 a		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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
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 record SULIANA JAUREZ 4949 E KINGS CANYON ROAD FRESNO, CA 93727 (559) 243-3667	s		

Part VII

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

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

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

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

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

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

(1) SARA CAMORODA	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Izations Position (do not check more than one box, unless person is both an officer and a director/trustee) MISC)		Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
Director						à				
Color Colo			×					0	0	0
Director										
Director								_	0	0
3 ROBYN GONZALES			^						0	U
X	(3) ROBYN GONZALES									
A			Х					0	0	0
Director	Director									_
Director	• •		.,							
Director			×					0	0	0
Director	(5) KELLY FOWLER									
(6) BOB REYES			X					0	0	0
X	/6) DOD DEVEC									
Column			х		×			0	0	0
Name	/7) MICHELLE MEDCADO									
(8) RICK WOLF			Х					0	0	0
X	Director	0 00								
Secretary	(8) RICK WOLF									
X			X		×			0	0	0
Treasurer 0 00 0 <t< td=""><td></td><td></td><td></td><td></td><td>l</td><td></td><td></td><td></td><td></td><td></td></t<>					l					
(10) RAUL SAMORA 2 00 X 0 0 Director 0 00 X 0 0 (11) SUE SMILIE MONTGOMERY 2 00 X 0 0 Director 0 00 0 0 0 0 (12) DEREK ROBINSON 2 00 X 0 0 0 Director 0 00 0 <td></td> <td></td> <td>×</td> <td></td> <td> ×</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>			×		×			0	0	0
Name	(10) RAUL SAMORA									
(11) SUE SMILIE MONTGOMERY 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Х					0	0	0
X 0 0 0 0 0 0 0 0 0	Director									
Director 0 00 0 00 (12) DEREK ROBINSON 2 00 X Director 0 00 X (13) GREG BAKER 2 00 X									0	0
(12) DEREK ROBINSON 2 00 Director 0 00 (13) GREG BAKER 2 00			^					l "	U	U
X 0 0 0	(12) DEREK ROBINSON									
(13) GREG BAKER 2 00			X					o	0	0
(13) GREG BAKER	Director									
			U					_		-
Chairman 0 00	Chairman	0 00	X		×			0	0	0
(14) JEFF CARDELL 2 00	, ,									_
Director 0 00 0			×					0	0	0
			1			 	_			Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			Repo compe fror orgar	D) ortable ensation m the iization /1099-	(E) Reportal compensa from rela organizati (W- 2/10	tion ted ons	Estin amou oth comper from	nated unt of ner nsation
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MI	SC)	MISC)	organi and re organiz	elated
(15) SCOTT MOORE	2 00	Х							0		0		
Director	0 00	^									Ū		
(16) MARC YOUNG	2 00	×							0		0		0
Director	0 00	^									0		
(17) ENRIQUE LOPEZ	2 00	×							0		0		0
Director	0 00	,							J				
(18) GENEVA MCJUNKIN	0 00	x							0		0		0
Director	0 00												
(19) MICHAEL ALEXANDER Executive Dir	40 00 0 00			×					69,424		0	О	
1b Sub-Total				▶ [
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	•			•				69,424					
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list		bove	e) w	ho red	eiv	ed more	than		•		
3 Did the organization list any former officer, on line 1a? If "Yes," complete Schedule J for							ghe:	st comp	ensated	employee		Yes	No
For any individual listed on line 1a, is the s organization and related organizations grea	um of reportable	comp	ensa	ition	an	d othe				n the	3		No
Individual								_	on or ind	ividual for			No_
	os, comprete con		, , , ,							[5		No
Section B. Independent Contractors													
Complete this table for your five highest co compensation from the organization Report												tax year	
(A) Name and busine	ess address								(B Description	of services		(C Comper	
											\blacksquare		
Total number of independent contractors (independent)	cluding but not li	mited	to th	nose	list	ed ab	inve) who re	reived m	ore than	+		

\$100,000 of compensation from the organization \triangleright 0

Part V	/ + + 1	Statement o	f Revenue					
		Check if Schedu	ile O contains a respor	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a	795,885				
s, Gifts, Grants imilar Amount	ь	Membership du	es 1b					
Gra	c	Fundraising eve	ents 1c					
ts.		_						
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	d	J	ations 1d					
ıs,	e	Government grants	s (contributions) 1e	949,459				
tior sr S	f	All other contribution	ons, gifts, grants, and 1f					
ib a	g	Noncash contribution						
a C	•	1a-1f \$						
CO an	h	Total. Add lines	: 1a-1f	▶	1,745,344			
<u>ı</u>				Business Code				
H-	2a	PROGRAM SERVICE	REVENUE	561000	197,935	197,935		
å	Ь							
ice 1	C	-						
<u>¥</u>	d							
Ē	e							
ogra	f	All other progra	m service revenue					
Ĕ	g	Total. Add lines	2a-2f	>	197,935			
	3	Investment inc	ome (including dividend	ds, interest,	-995	-995		
	١.		ar amounts) tment of tax-exempt bond ;	-	-993	-993		
	4 5			bioceeds	0			
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	23,855	(**,***********************************				
	h	Less rental						
	"	expenses	22.255					
	C	Rental income or (loss)	23,855					
	d	Net rental incor			23,855	23,855		
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) O ther				
	b	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)		0			
enne	8a	events (not incl	luding					
her Rev	h	See Part IV, lin	reported on line 1c) e 18 a penses b					
Ö	1		loss) from fundraising (events ▶	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	1		penses b loss) from gamıng activ	vities	0			
	10a	Gross sales of i returns and allo						
	b c	Less cost of go Net income or (loss) from sales of inve	entory ▶ Business Code	0			
	11a	OTHER REVEN		900099	20,833	20,833		
	ь	SPECIAL EVEN		900099	206,005	206,005		
	°	SECTAL EVEN	N 1 3					
	d	All other revenu						
	e		; 11a-11d	🕨				
	12		See Instructions		226,838			
	**	iocarrevenue.	oce instructions	· · · · •	2,192,977	447,633		1

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)

	t include amounts reported on lines 6b, , 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	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	69,424	41,654	13,885	13,885
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	,		<u> </u>
7	Other salaries and wages	1,042,575	625,607	208,454	208,514
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	193,760	116,256	38,752	38,752
10	Payroll taxes				
		88,840	53,304	17,768	17,768
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,373	11,592	91,498	11,283
12	Advertising and promotion	0			
13	Office expenses	115,949	81,164	11,595	23,190
14	Information technology	0			
15	Royalties	0			
16	Occupancy	73,669	44,202	14,734	14,733
17	Travel	21,793	17,434	1,090	3,269
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	191,108	156,735		34,373
20	Interest	42,141	34,506	4,214	3,421
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	24,798	19,838	2,480	2,480
23	Insurance	26,026	10,837	15,189	
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)				
а	Expenses for design agencies	160,394	38,523		121,871
b	Supplies	135,429	108,343		27,086
с	Special events	91,239			91,239
d	Program expenses	75,464	75,464		-
e	All other expenses	209,691	135,618	72,204	1,869
25	Total functional expenses. Add lines 1 through 24e	2,676,673	1,571,077	491,863	613,733
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)			·	orm 990 (2015)

Part X Balance Sheet

Par	ťΧ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			<u>· · · · · </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	940.014	1	958.097
	2	Savings and temporary cash investments	010,011	2	0
	3	Pledges and grants receivable, net	718,558	3	641,217
	4	Accounts receivable, net	7 10,000	4	041,217
	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	0
Assets	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	0
\$8	7	Notes and loans receivable, net		7	0
⋖		,		8	0
	8	Inventories for sale or use			0
	9 10a	Prepaid expenses and deferred charges		9	0
	Ь	Complete Part VI of Schedule D Less accumulated depreciation	1,182,483	10 c	1,167,053
	111	Investments—publicly traded securities	69,669	11	64,616
	12	Investments—other securities See Part IV, line 11	00,000	12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	·		14	0
	15	Intangible assets	114,623	15	50,825
		Other assets See Part IV, line 11	3,025,347	16	2,881,808
	16	Total assets.Add lines 1 through 15 (must equal line 34)	759.070		70,624
	17	Accounts payable and accrued expenses	759,070	17	70,024
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
jabilities.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	786,413	23	764,707
	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			
			529,638	25	1,307,658
	26	Total liabilities. Add lines 17 through 25	2,075,121	26	2,142,989
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
an an	27	Unrestricted net assets	800,000	27	738,819
Ba	28	Temporarily restricted net assets	150,226	28	,
Þ	29	Permanently restricted net assets	·	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.		_	
et	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	950,226	33	738,819
	34	Total liabilities and net assets/fund balances	3,025,347	34	2,881,808

	1	2,192,977
	2	2,676,673
	3	-483,696
mn (A))	4	950,226

9

10

272,289

738,819

Page **12**

10	Net assets or fund balances at end of year	Combine lines 3 through 9 (must equal Part X, line 33,
	column (B))	

Other changes in net assets or fund balances (explain in Schedule O)

Part XIII Financial Statements and Reporting

	Check 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			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
С	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?	2 c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software Version: 2015v3.0

EIN: 94-1156514

Name: UNITED WAY OF FRESNO AND MADERA COUNTIES

Form 990, Part III, Line 4a

```
4a (Code ) (Expenses $ 1,571,077 including grants of $ ) (Revenue $ )

Promote human service programs through development and administration of financial services, evaluation and planning for community programs, and relations with community. The organization's revenue is primarily from contributions and grants.
```

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

As Filed Data -

DLN: 93493135045138

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF FRESNO AND MADERA COUNTIES

SCHEDULE A

(Form 990 or

990EZ)

2

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

Department of the www.irs.gov/form990. Treasury Internal Revenue Service

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

Employer identification number 94-1156514

5		An organization opera 170(b)(1)(A)(iv). (Co		_	iversity owned	or operated b	y a governmental unit d	escribed in section
6		A federal, state, or loc			described in s e	ection 170(b)	(1)(A)(v).	
7	<u>\</u>	described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	-	nental unit or from the g	eneral public
8		A community trust des				•		
9	Γ	receipts from activitie from gross investmen organization after Jun	es related to it it income and i e 30,1975 S	s exempt functions—s unrelated business tax ee section 509(a)(2).	subject to certa xable income (I (Complete Part	in exceptions ess section 5 : III)	ributions, membership , and (2) no more than : 11 tax) from businesse	331/3% of its support
10		An organization organ	ized and opera	ted exclusively to tes	t for public safe	ety See secti	on 509(a)(4).	
11		one or more publicly s the box in lines 11a th	upported orga rrough 11d tha	nizations described in at describes the type o	section 509(a of supporting or)(1) or section ganization and	nctions of, or to carry o n 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check 1f, and 11g
а	Γ		n(s) the power	to regularly appoint o	r elect a majori		organization(s), typical tors or trustees of the	
b	Γ	Type II. A supporting	organization s pporting orgar	upervised or controlle	d in connection		orted organization(s), t manage the supported	
c		Type III functionally is supported organization					h, and functionally integ	grated with, its
d	Γ						n with its supported org	anızatıon(s) that ıs
	1						rement and an attentiv	eness requirement
•	_	(see instructions) You					ıs a Type I, Type II, T	una III functionally
е	ļ	integrated, or Type III	-				is a Type I, Type II, T	ype III functionally
f	Ente	r the number of support		, ,	5 5			
g		Provide the following in	nformation abo	out the supported orga	inization(s)			
Nan	(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	I							
For D	anoni	vork Reduction Act Noti	ice see the In	etructions for Form 90	00 or 990E7	Cat No 11	285F	

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 1,474,740 1,768,482 8,415,734 1,681,042 1,524,336 1,967,134 membership fees received (Do not include any unusual grants) Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,681,042 1,524,336 1,474,740 1,768,482 1,967,134 8,415,734 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 8,415,734 from line 4 Section B. Total Support Calendar year (d)2014 (e)2015 (a)2011 **(b)**2012 (c)2013 (f)Total (or fiscal year beginning in) ▶ 1,474,740 1,967,134 Amounts from line 4 1,681,042 1,524,336 1,768,482 8,415,734 Gross income from interest, dividends, payments received on 25,155 37,280 -995 28,310 19,660 109,410 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on Other income Do not include gain or loss from the sale of 26,990 41,553 245,743 200,776 226,838 741,900 capital assets (Explain in Part VI) 11 Total support. Add lines 7 9,267,044 through 10 12 Gross receipts from related activities, etc (see instructions) 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, 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 90 810 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 92 850 % 16a 33 1/3% support test—2015. 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 - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ightharpoonsbox and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. 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 - 2014. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I 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.)								
_Se	ction A. Public Support	T	1	1	1			_	
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal	
(OF 1	iscal year beginning in) ► 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								
5	paid to or expended on its behalf The value of services or facilities								
5	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								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
_	from line 6)								
	ction B. Total Support								
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total	
9	iscal year beginning in) ► A mounts from line 6								
10a	Gross income from interest,								
10a	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								
С	Add lines 10a and 10b								
11	Net income from unrelated								
	business activities not included								
	ın lıne 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)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30		
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·	
	check this box and stop here	lia Cummant D						<u>▶</u>	
	ction C. Computation of Pub			4.2 1 (0)					
15	Public support percentage for 2015			13, column (f))		15			
16	Public support percentage from 2014 Schedule A, Part III, line 15								
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge					
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17			
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18			
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	lline 17 is not	
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not	
h	33 1/3% support tests—2014. If the							•	
	18 is not more than 33 1/3%, check	-							
20	Private foundation. If the organization		-	· ·		•	_	▶ □	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	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)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	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	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 $(2)^2$ 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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)	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	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))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "" describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in Part VI how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in Part VI how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year? 5," describe in Part VI the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? 5," then in Part VI identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how these activities directly is identify those supported organizations, and how the station determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? 5," explain in Part VI the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each 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

CI	neck here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
Τy	pe III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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	A verage monthly value of securities	1a		
)	A verage monthly cash balances	1b		
5	Fair market value of other non-exempt-use assets	1 c		
t	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functionally-i	ntegrate	d Type III supporting (organization (see

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 accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furth excess of income from activity									
3 Administrative expenses paid to accomplish exemp									
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval re-	quired)								
6 Other distributions (describe in Part VI) See instru	uctions								
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide							
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015						
1 Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a									
b									
C									
d From 2013									
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
i Carryover from 2010 not applied (see instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7									
\$									
Applied to underdistributions of prior years									
b Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7									
a									
c Excess from 2013									
d From 2014									
e From 2015									
		L							

990 Schedule A, Supplemental Information Return Reference

Support

Schedule

Explanation

Explanation SCHEDULE A, PART II, LINE 10 - SPECIAL EVENTS HELD FOR OUTREACH TO THE GENERAL

PUBLIC NAT Other Income URE AND SOURCE HAS BEEN MISCELLANEOUS AND SPECIAL EVENTS.

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493135045138

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

Open to Public Inspection

lame of the organization NITED WAY OF FRESNO AND MADERA COUNTIES	Employer identification number
	94-1156514
Complete if the organization answered "\	
	nor advised funds (b)Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	
Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?	
	e organization answered "Yes" on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the org	zation (check all that apply)
Preservation of land for public use (e g , recreation education)	Preservation of an historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	Treservation of a certified instance structure
· ·	ualified conservation contribution in the form of a conservation
easement on the last day of the tax year	
	Held at the End of the Year
Total number of conservation easements	
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified hist	
Number of conservation easements included in (c) acc historic structure listed in the National Register	ed after 8/17/06, and not on a 2d
Number of conservation easements modified, transfer	released, extinguished, or terminated by the organization during the
tax year ▶	
Number of states where property subject to conservat	easement is located ▶
Does the organization have a written policy regarding	
violations, and enforcement of the conservation easer	
Staff and volunteer hours devoted to monitoring, inspe year	ng, handling of violations, and enforcing conservation easements during the
A mount of expenses incurred in monitoring inspection	andling of violations, and enforcing conservation easements during the year
► \$	and mig of violations, and emoterning conservation casements during the year
Does each conservation easement reported on line 2((B)(I) and section 170(h)(4)(B)(II)?	bove satisfy the requirements of section 170(h)(4)
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th	rvation easements in its revenue and expense statement, and potential of the organization's financial statements that describes
	of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "\	
	(ASC 958), not to report in its revenue statement and balance sheet held for public exhibition, education, or research in furtherance of public is financial statements that describes these items
- · · · · · · · · · · · · · · · · · · ·	(ASC 958), to report in its revenue statement and balance sheet held for public exhibition, education, or research in furtherance of public tems
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
ii) Assets included in Form 990, Part X	▶ \$
•	l treasures, or other similar assets for financial gain, provide the
Revenue included on Form 990, Part VIII, line 1	▶ \$
Assets included in Form 990, Part X	▶ \$

Part	• • • •	Organizations Maintaining (continued)	Collections of A	rt, Hist	orica	al Tre	asures,	or O	ther Similar A	ssets	
3		the organization's acquisition, accection items (check all that apply)	ession, and other reco	ords, che	ck an	y of the	e following t	hat a	re a significant us	e of its	
а		Public exhibition		d		Loan o	rexchange	progr	ams		
b		Scholarly research		е	Γ	Other					
c		Preservation for future generations									
4	Provi	de a description of the organization's	s collections and exp	laın how	they f	urther	the organiz	ation'	s exempt purpose	ın	
5		g the year, did the organization solid is to be sold to raise funds rather tha								s	No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 9	90, P	art IV	, line 9, oi	rep	orted an amour	ıt on Fo	rm 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nedıary f	or cor	itributio	ons or othe	rasse	ets not Ye s	s [No
b	If"	'Yes," explain the arrangement in Pa	art XIII and complete	the follo	owing	table			Am	ount	
c	Ве	ginning balance	·		_			1 c			
d	A d	ditions during the year					•	1d			
e	Dis	tributions during the year						1e			
f	End	ding balance						1f			
2a b	If"Ye	es," explain the arrangement in Part	XIII Check here ıf th	ne explar	nation	has be	een provide	d ın P	art XIII		No
Par	t V	Endowment Funds. Comple	(a)Current year	on ansv (b)Prioi			to Form : Two years b		(d)Three years back		years back
1a	Begur	nning of year balance	69,669	(D)FIIO	65,0		-	,129	50,114	(e)roui	50,059
b	_	ributions	,					,	·		<u> </u>
c	Net i losse	nvestment earnings, gains, and es	-5,053		4,0	507	10	,933	4,015		55
d	Gran	ts or scholarships									
e		r expenditures for facilities programs									
f	A dmi	nistrative expenses									
g	End o	of year balance	64,616		69,0	569	65	,052	54,129		50,114
2	Provi	de the estimated percentage of the o	current year end bala	nce (lıne	1g, c	olumn	(a)) held as				
а	Board	designated or quasi-endowment 🕨	100 000 %								
b	Perm	anent endowment ▶									
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	should equal 100%								
3а		nere endowment funds not in the pos iization by	session of the organi	ızatıon th	nat are	held a	and adminis	tered	for the	Yes	s No
		related organizations								(i)	No
L		elated organizations							<u></u>	(ii)	No No
ь 4		es" on 3a(ii), are the related organiza Tibe in Part XIII the intended uses o	·							Bb	No
	t VI	Land, Buildings, and Equip Complete if the organization a	ment.				line 11a.S	ee F	orm 990. Part X	Line 1	 0.
		Description of property		Cos	(a)	er basıs	(b)	er bası	Accumulated		ook value
1 a l	and			· `			 	170,00	0		170,000
b i	Buildin	gs					+	303,88	<u> </u>	.3	974,876
c l	_ease	nold improvements					<u>L</u>				
d E	Equipn	nent					:	164,55	8 144,36	2	20,196
e (Other							65.31	9 63.33	8	1.981

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

1,167,053

	See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value	(c)Method of valuation
(1)Financia	(including name of security) al derivatives			Cost or end-of-year market value
(2)Closely	-held equity interests			
(3) 0 ther				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answere	d 'Yes' on Form 9	90, Part IV, line 11c. _S ,	ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of the of year market value
Total. (Colur	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization (a) Description		n Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
			n Form 990, Part IV, line	
Part IX	(a) Desc	ription		(b) Book value
Total. (Colu	(a) Desc imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25.	15) anization answer		(b) Book value
Total. (Columnative Mark X 1.	(a) Description of liability	ription		(b) Book value
Total. (Colu	(a) Description of liability	15) anization answer		(b) Book value
Total. (Columnation of the Part X 1. Federal inc	(a) Description of liability	15) anization answer		(b) Book value
Total. (Columnation of the Part X 1. Federal incomplete of the Part X 1.	(a) Description of liability ome taxes (a) Description of liability	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value
Total. (Columnation of Columnation of Creating Columna	(a) Description of liability ome taxes (a) Description of liability	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value
Total. (Columnation of Columnation of Creating of Crea	(a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes unds due to other org	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value
Total. (Columnation of Columnation of Creating of Crea	(a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes unds due to other org	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value
Total. (Columnation of Creation (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes unds due to other org	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value	
Total. (Columnation of Creation (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes unds due to other org	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value	
Total. (Columnation of Creation (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes unds due to other org	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value	
Total. (Columnation of Columnation of Creating of Crea	(a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes unds due to other org	15) anization answer (b) Book valu	ed 'Yes' on Form 990,	(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	evenue per l	Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............ <mark>4b</mark>		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		
Part :		Expenses pe	r Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• • -	+
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
C			
d	Other losses		
e e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 20	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	rotal expenses Aud lines 3 and 40. (This must equal Form 330, Part 1, line 18)	5	
Part	XIII Supplemental Information		
Part V	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line: V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete mation		ide any additional
	Return Reference Explanation		
See Ad	dditional Data Table		
		-	

Page 5	chedule D (Form 990) 2015						
	ormation <i>(continued)</i>	Supplemental Info	Part XIII				
	Explanation	Return Reference					
	1	L					

Additional Data

Software ID: 15000324 **Software Version:** 2015v3.0

EIN: 94-1156514

Name: UNITED WAY OF FRESNO AND MADERA COUNTIES

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	The Organization has qualified as a non-profit organization and has been granted tax-exemp t status pursuant to Internal Revenue Code Section 501(c)(3) and California Revenue and Ta xation Code Section 23701(d) and is exempt from Federal and State of California income tax es Generally accepted accounting principles provides accounting and disclosures guidance a bout positions taken by an entity in its tax returns that might be uncertain Management h as considered its tax positions and believes that all of the positions taken in its federa I and state exempt organization tax returns are more likely than not to be sustained upon examination. The Organizations returns are subject to examination by federal and state tax ing authorities, generally for three years and four years, respectively, after they are filed.

efile GRAPHI	C print - DO NOT PROCESS	As Filed Data -	D	LN: 93493135045138
SCHEDULE (Form 990 of 990-EZ) Department of the Treasury Internal Revenue Service	Complete to pro Form 990 o	vide information for resp or 990-EZ or to provide ar ▶ Attach to Form 990	or 990-EZ) and its instructions is at	2015 Open to Public Inspection
	nization SNO AND MADERA COUNTIES O, Supplemental Informat	ion	Employer i 94-11565	dentification number 14
Return Reference		Ехр	planation	
Form 990, Part VI, Line 11b Form 990 Review Process	FILING THE RETURN THE			

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Explanation

Conflicts

Form 990, Part VI, Line 12c THE STATEMENTS ARE PROVIDED TO THE CHAIRMAN IF A CONFLICT OF INTEREST DISCLOSURE STATEMENT

Explanation of Monitoring and Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Enforcement of Monitoring and Monito

990 Schedule O. Supplemental Information Return Reference Form 990, Part VI. Line 15a Compensation Review & AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT

Explanation THE PROCESS CONTAINS THREE FLEMENTS. ONE IS REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. OR COMPENSATION COMMITTEE OF OUR ORGANIZATION TWO IS THE USE OF COMPARABLE DATA AS TO COM-PARABLE COMPENSATION. THREE IS DOCUMENTATION AND RECORDIFIED REGARDING THE DELIBERATIONS.

Approval Process - CEO. Top

Management

Return
Reference

Form 990, Part
VI, Line 19

THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR SUCH INFORMATION

990 Schedule O, Supplemental Information

Available

Other
Organization
Documents
Publicly

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT PROCESS XII, Line 2 Change of Oversight or Selection Process

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Name, address, and EIN (if applicable) of disregarded entity

DLN: 93493135045138 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection

Department of the Treasury

(1) FRESNO FUND I LLC

4949 E KINGS CANYON ROAD

(Form 990)

Part I

► Attach to Form 990.

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

(c)

Legal domicile (state

or foreign country)

DE

(d)

Total income

19,398

End-of-year assets

781 NA

Internal Revenue Service Name of the organization **Employer identification number** UNITED WAY OF FRESNO AND MADERA COUNTIES

(b)

Primary activity

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

INVESTING

94-1156514

(f)

Direct controlling

entity

	 						
	ĺ						-
							+
							tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3)		Section (13) o	ontrolle
or more related tax-exempt organizations during the t	tax year. (b)	(c)	(d)	(e)	(f)	 	(g)
art II Identification of Related Tax-Exempt Organizat	ions Complete if th	 ne organization an:	 swered "Yes" on F	orm 990, Part I\	/, line 34 because it	had on	e
		+	+ +				

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or aging ner?	(k) Percentage ownership
				,			Yes	No		Yes	No	
											Щ.	
	_	_				I	<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V	Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.					
Not	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations l	ısted ın Parts II-IV ?						
a Rec	eipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No		
b Gift	Gift, grant, or capital contribution to related organization(s)								
c Gift	grant, or capital contribution from related organization(s)				1 c		No		
d Loa	ns or loan guarantees to or for related organization(s)				1 d		No		
e Loans or loan guarantees by related organization(s)									
f Div	dends from related organization(s)				1f		No		
g Sal	g Sale of assets to related organization(s)								
h Pur	h Purchase of assets from related organization(s)								
i Exc	i Exchange of assets with related organization(s)								
j Lea	j Lease of facilities, equipment, or other assets to related organization(s)								
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No		
I Perf	ormance of services or membership or fundraising solicitations for related organization(s)				11		No		
m Perf	ormance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n Shai	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
o Sha	ring of paid employees with related organization(s)				10		No		
p Rei	nbursement paid to related organization(s) for expenses				1 p		No		
q Rei	nbursement paid by related organization(s) for expenses				1 q		No		
r Oth	er transfer of cash or property to related organization(s)				1r		No		
s Oth	er transfer of cash or property from related organization(s)				1 s		No		
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including c	overed relationships	and transaction thresholds					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ir	nvolved			
		+							
							-		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1 1		
	•													

