

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.

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C UNITED WAY OF STANISLAUS COUNTY, POST OFFICE BOX 3066, MODESTO, CA 95353. D Employer identification number 94-1212129. E Telephone number 209-523-4562. G Gross receipts \$ 2,792,298.

F Name and address of principal officer: FRANCINE FOLEY, SAME AS C ABOVE. H(a) is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527. J Website: WWW.UWAYSTAN.ORG. H(c) Group exemption number.

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1956. M State of legal domicile: CA.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF STANISLAUS COUNTY ADVANCES THE COMMON GOOD BY FOCUSING ON EFFORTS TO CREATE OPPORTUNITIES THAT IMPROVE THE QUALITY OF LIFE AT ALL LEVELS OF OUR COMMUNITY.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (19), 4 Number of independent voting members (19), 5 Total number of individuals employed (17), 6 Total number of volunteers (66), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (1,370,428 / 2,632,948), 9 Program service revenue, 10 Investment income (5,340 / 7,211), 11 Other revenue (117,337 / 106,905), 12 Total revenue (1,493,105 / 2,747,064).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (385,089 / 1,024,785), 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits (710,424 / 687,312), 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses (471,845 / 430,198), 18 Total expenses (1,567,358 / 2,142,295), 19 Revenue less expenses (-74,253 / 604,769).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (3,461,529 / 3,577,344), 21 Total liabilities (1,453,169 / 964,215), 22 Net assets or fund balances (2,008,360 / 2,613,129).

Part II Signature Block

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

Sign Here: Signature of officer FRANCINE FOLEY, EXECUTIVE DIR. Date.

Paid Preparer Use Only: Print/Type preparer's name MARK CROCE, Preparer's signature, Date 1/5/21, Check self-employed, PTIN P01242260, Firm's name CROCE, SANGUINETTI, & VANDER VEEN, INC., Firm's address 3520 BROOKSIDE RD, STE 141, STOCKTON, CA 95219, Firm's EIN 46-2854746, Phone no. (209) 938-1010.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission:

UNITED WAY OF STANISLAUS COUNTY ADVANCES THE COMMON GOOD BY FOCUSING ON EFFORTS TO CREATE OPPORTUNITIES THAT IMPROVE THE QUALITY OF LIFE AT ALL LEVELS OF OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?... [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,024,785. including grants of \$ 1,024,785.) (Revenue \$ )

ALLOCATIONS: GRANTS ARE AWARDED FOR HEALTH AND HUMAN SERVICE PROGRAMS THAT MEET SPECIFIC OBJECTIVES AND OUTCOMES FOR THREE AREAS OF COMMUNITY IMPACT - EDUCATION, INCOME FINANCIAL STABILITY, AND HEALTH. ONLY THE 26 UNITED WAY OF STANISLAUS COUNTY PARTNER AGENCIES ARE ELIGIBLE TO APPLY FOR THIS THREE YEAR FUNDING WHICH IS A COMPETITIVE PROCESS. AGENCIES AND THE PROGRAMS THEY PROVIDE ARE CLOSELY MONITORED BY STAFF AND OVER 75 VOLUNTEERS FOR FISCAL AND PROGRAM ACCOUNTABILITY THROUGH IMPACT COUNCILS. DONOR DESIGNATIONS: DONORS HAVE THE OPTION OF SELECTING A NON PROFIT IRS 501(C) (3) ORGANIZATION TO WHICH THEY CAN DIRECT THEIR DONATION. AGENCIES ARE SCREENED TO VERIFY THEIR NON PROFIT IRS 501(C) (3) STATUS BEFORE DONATION IS SENT TO THE AGENCY.

4b (Code: ) (Expenses \$ 254,266. including grants of \$ ) (Revenue \$ )

VOLUNTEER CENTER OF THE UNITED WAY: CONNECTS AND ENGAGES PEOPLE TO QUALITY VOLUNTEER OPPORTUNITIES TO SERVE NOT-FOR-PROFITS AND COMMUNITY ORGANIZATIONS IN STANISLAUS COUNTY. THE VOLUNTEER CENTER UTILIZES AN ONLINE SEARCHABLE DATABASE TO EASILY CONNECT INDIVIDUALS AND GROUPS TO OPPORTUNITIES. THE VOLUNTEER CENTER WORKS CLOSELY WITH STANISLAUS COUNTY TO RECRUIT, PLACE AND TRACK VOLUNTEERS IN COUNTY DEPARTMENTS, MATCH MENTORS WITH SCHOOL-AGED CHILDREN AND PROVIDE SOURCES OF COMMUNITY SERVICE FOR JUVENILES.

4c (Code: ) (Expenses \$ 220,620. including grants of \$ ) (Revenue \$ )

STANISLAUS COUNTY 2-1-1: STANISLAUS COUNTY 2-1-1 IS AN EASY TO REMEMBER NUMBER THAT CONNECTS CALLERS TO OVER 2,000 HEALTH AND HUMAN SERVICES IN STANISLAUS COUNTY. CALLS TO 2-1-1 ARE FREE AND THIS SERVICE CAN BE ACCESSED BY LAND LINE, CELL OR PAY PHONE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR. 2-1-1 CONNECTS CALLERS TO AGENCIES AND SERVICES THAT PROVIDE FOOD, CLOTHING, SHELTER, COUNSELING, HEALTH CARE, UTILITY ASSISTANCE, CRISIS SERVICES, SENIOR SERVICES AND MORE.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,499,671.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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 (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

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

**Part 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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. ....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2 a	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. . . . . 2 a 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 2 b X	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . 3 b		
4 a	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)? . . . . . 4 a		X
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).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5 c		
6 a	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		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6 b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7 c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . 7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7 h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . 8			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . 9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9 b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12. . . . . 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10 b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders . . . . . 11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 11 b		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . 12 a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . 12 b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13 a		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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 . . . . . 13 b		
c	Enter the amount of reserves on hand. . . . . 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . 14 b		
15	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? . . . . . 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 on Schedule O.	19	
1 b	Enter the number of voting members included on line 1a, above, who are independent . . . . .	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? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .		X
7 a	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? . . . . .		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body? . . . . .	X	
8 b	b Each committee with authority to act on behalf of the governing body? . . . . .		X
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 on Schedule O. . . . .		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? . . . . .		X
10 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? . . . . .		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy? . . . . .	X	
14	Did the organization have a written document retention and destruction policy? . . . . .	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. . . . . SEE SCHEDULE O	X	
15 b	b Other officers or key employees of the organization. . . . . SEE SCHEDULE O	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
16 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? . . . . .		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19 Describe on 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. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

UNITED WAY OF STANISLAUS AREA 422 MCHENRY AVENUE MODESTO CA 95355 209-523-4562

**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**

1 a 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCINE FOLEY EXECUTIVE DIR.	40 0	X					98,006.	0.	0.	
(2) PETER ABATE MEMBER	1 0	X					0.	0.	0.	
(3) MARTIN MONKEWICZ FUND DEVELOPMEN	1 0	X					0.	0.	0.	
(4) SUSAN WINDEMUTH SECRETARY	2 0	X		X			0.	0.	0.	
(5) KATHRYN HARWELL MEMBER	1 0	X					0.	0.	0.	
(6) BRIAN STUBBERT (THRU 3/31/20) TREASURER	2 0	X		X			0.	0.	0.	
(7) STAN RISEN MEMBER	1 0	X					0.	0.	0.	
(8) FREDERICK CRUZ PUBLIC POLICY	2 0	X					0.	0.	0.	
(9) GEETA AVILA MEMBER	1 0	X					0.	0.	0.	
(10) JUDITH LANNING MEMBER	1 0	X					0.	0.	0.	
(11) HOMERO MEJIA MEMBER	1 0	X					0.	0.	0.	
(12) MICHELLE TETREAUULT CHAIRMAN	1 0	X		X			0.	0.	0.	
(13) LIZ WICKMAN MEMBER	1 0	X					0.	0.	0.	
(14) BARBARA SANTOS GOVERNANCE	1 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) JIM HOLGERSSON MEMBER	1 0	X					0.	0.	0.
(16) CLINT MORT FINANCE CHAIR	1 0	X		X			0.	0.	0.
(17) JOY MASTACHE MEMBER	1 0	X					0.	0.	0.
(18) YVONNE SAMS MEMBER	1 0	X					0.	0.	0.
(19) FRAN O'BRIAN MEMBER	1 0	X					0.	0.	0.
(20) JIM HOUPIS MEMBER	1 0	X					0.	0.	0.
(21) KIMBERLEY HERNANDEZ MEMBER	1 0	X					0.	0.	0.
(22)									
(23)									
(24)									
(25)									
<b>1 b Subtotal</b>							98,006.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A.</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							98,006.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns.....	1 a	2,520,628.				
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions)....	1 e	112,320.				
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f					
	g Noncash contributions included in lines 1a-1f.....	1 g					
	<b>h Total. Add lines 1a-1f.....</b>		<b>2,632,948.</b>				
	<b>Program Service Revenue</b>	Business Code					
2 a -----							
b -----							
c -----							
d -----							
e -----							
f All other program service revenue...							
<b>g Total. Add lines 2a-2f.....</b>							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts).....		8,219.			8,219.	
	4 Income from investment of tax-exempt bond proceeds.▶						
	5 Royalties.....▶						
	6 a Gross rents.....	6 a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6 b					
	c Rental income or (loss)	6 c					
	<b>d Net rental income or (loss).....▶</b>						
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7 b	1,008.				
c Gain or (loss).....	7 c	-1,008.					
<b>d Net gain or (loss).....▶</b>		<b>-1,008.</b>			<b>-1,008.</b>		
8 a Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18.....	8 a	109,024.					
b Less: direct expenses.....	8 b	44,226.					
<b>c Net income or (loss) from fundraising events.....▶</b>		<b>64,798.</b>					
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a						
b Less: direct expenses.....	9 b						
<b>c Net income or (loss) from gaming activities.....▶</b>							
10 a Gross sales of inventory, less. returns and allowances.....	10 a						
b Less: cost of goods sold....	10 b						
<b>c Net income or (loss) from sales of inventory.....▶</b>							
<b>Miscellaneous Revenue</b>	Business Code						
	11 a MISCELLANEOUS	900099	42,107.	42,107.			
	b -----						
	c -----						
	d All other revenue.....						
<b>e Total. Add lines 11a-11d.....▶</b>		<b>42,107.</b>					
<b>12 Total revenue. See instructions.....▶</b>		<b>2,747,064.</b>	<b>42,107.</b>	<b>0.</b>	<b>7,211.</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,024,785.	1,024,785.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	105,924.	21,185.	84,739.	0.
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.	0.	0.	0.
7 Other salaries and wages.	452,303.	215,941.	236,362.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	82,397.	30,600.	51,797.	
10 Payroll taxes.	46,688.	19,419.	27,269.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	136,846.	99,625.	37,221.	
12 Advertising and promotion.	15,672.	14,800.	872.	
13 Office expenses.	16,222.	5,486.	10,736.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	7,423.		7,423.	
17 Travel.	1,899.	703.	1,196.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	23,971.	9,179.	14,792.	
21 Payments to affiliates.	22,315.		22,315.	
22 Depreciation, depletion, and amortization.	45,305.	16,225.	29,080.	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATION EXPENSE POOL	96,191.	38,476.	57,715.	
b MISCELLANEOUS	27,945.	187.	27,758.	
c MEETINGS	16,063.		16,063.	
d SUBSCRIPTIONS	10,817.	98.	10,719.	
e All other expenses	9,529.	2,962.	6,567.	
25 Total functional expenses. Add lines 1 through 24e.	2,142,295.	1,499,671.	642,624.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash – non-interest-bearing .....	75,678.	1	770,580.
	2 Savings and temporary cash investments .....	1,124,408.	2	674,200.
	3 Pledges and grants receivable, net .....	779,640.	3	650,011.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from 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	
	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	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	14,653.	9	35,118.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,938,585.		
	b Less: accumulated depreciation .....	10b 829,569.	1,145,969.	10c 1,109,016.
	11 Investments – publicly traded securities .....	320,061.	11	334,622.
	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 .....	1,120.	15	3,797.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,461,529.	16	3,577,344.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	469,453.	17	400,984.
	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 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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	383,613.	23	431,913.
	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 .....	600,103.	25	131,318.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,453,169.	26	964,215.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	1,904,960.	27	2,086,678.
	28 Net assets with donor restrictions .....	103,400.	28	526,451.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances.</b> .....	2,008,360.	32	2,613,129.
33 <b>Total liabilities and net assets/fund balances</b> .....	3,461,529.	33	3,577,344.	

**Part XI Reconciliation 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	2,747,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,142,295.
3	Revenue less expenses. Subtract line 2 from line 1	3	604,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,008,360.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,613,129.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 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 on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>UNITED WAY OF STANISLAUS COUNTY</b>	Employer identification number <b>94-1212129</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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'.) . . . . .	1,887,544.	1,922,150.	1,689,393.	1,370,428.	2,632,948.	9,502,463.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	1,887,544.	1,922,150.	1,689,393.	1,370,428.	2,632,948.	9,502,463.
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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						9,502,463.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . . . .	1,887,544.	1,922,150.	1,689,393.	1,370,428.	2,632,948.	9,502,463.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	916.	1,173.	6,044.	5,340.	7,211.	20,684.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						9,523,147.
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.78 %
15 Public support percentage from 2018 Schedule A, Part II, line 14. . . . .	15	99.83 %

- 16a **33-1/3% support test—2019.** 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—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- 17a **10%-facts-and-circumstances test—2019.** 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—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 supported organization . . . . . ▶
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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 under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
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.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	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.		
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.		
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.		
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.		

**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.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2019



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

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF STANISLAUS COUNTY

Employer identification number

94-1212129

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[ ] 527 political organization

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. . > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>UNITED WAY OF STANISLAUS COUNTY</b>	Employer identification number <b>94-1212129</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	E&J GALLO WINERY 600 YOSEMITE AVE MODESTO, CA 95353	\$ 197,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FOSTER POULTRY FARMS 1000 DAVIS STREET LIVINGSTON, CA 95334	\$ 82,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FOSTER POULTRY FARMS 1000 DAVIS STREET LIVINGSTON, CA 95334	\$ 132,251.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	E & J GALLO WINERY 600 YOSEMITE BLVD MODESTO, CA 95354	\$ 106,183.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COSTCO - MODESTO 3801 PELENDALE AVENUE MODESTO, CA 95356	\$ 56,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STANISLAUS COUNTY CEO 1010 10TH STREET, STE 6800 MODESTO, CA 95354	\$ 64,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF STANISLAUS COUNTY</b>	Employer identification number <b>94-1212129</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----
	-----		
	-----	\$	-----

Name of organization: UNITED WAY OF STANISLAUS COUNTY  
 Employer identification number: 94-1212129

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... \$ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

UNITED WAY OF STANISLAUS COUNTY

94-1212129

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

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

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure.

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.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

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

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

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

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		244,692.		244,692.
b Buildings		643,030.	245,828.	397,202.
c Leasehold improvements		785,626.	334,750.	450,876.
d Equipment				
e Other		265,237.	248,991.	16,246.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,109,016.

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ACCRUED EXPENSES	131,318.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	131,318.

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

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

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

1	Total revenue, gains, and other support per audited financial statements .....		1	2,747,064.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments .....	2 a		
	b Donated services and use of facilities .....	2 b		
	c Recoveries of prior year grants .....	2 c		
	d Other (Describe in Part XIII.) .....	2 d		
	e Add lines 2a through 2d .....		2 e	
3	Subtract line 2e from line 1 .....		3	2,747,064.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b .....	4 a		
	b Other (Describe in Part XIII.) .....	4 b		
	c Add lines 4a and 4b .....		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....		5	2,747,064.

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

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

1	Total expenses and losses per audited financial statements .....		1	2,142,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities .....	2 a		
	b Prior year adjustments .....	2 b		
	c Other losses .....	2 c		
	d Other (Describe in Part XIII.) .....	2 d		
	e Add lines 2a through 2d .....		2 e	
3	Subtract line 2e from line 1 .....		3	2,142,295.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b .....	4 a		
	b Other (Describe in Part XIII.) .....	4 b		
	c Add lines 4a and 4b .....		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....		5	2,142,295.

**Part XIII Supplemental Information.**

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF STANISLAUS COUNTY**

Employer identification number

**94-1212129**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ..... ▶ 0.

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

-----  
-----  
-----  
-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPECIAL EVENTS (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts.....	109,024.		109,024.
	2	Less: Contributions.....			
	3	Gross income (line 1 minus line 2).....	109,024.		109,024.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	44,226.		44,226.
	10	Direct expense summary. Add lines 4 through 9 in column (d)..... ▶			44,226.
	11	Net income summary. Subtract line 10 from line 3, column (d)..... ▶			64,798.

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue.....		
DIRECT EXPENSES	2	Cash prizes.....			
	3	Noncash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)..... ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)..... ▶			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?.....  Yes  No  
 b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I**  
**(Form 990)**

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

OMB No. 1545-0047

**2019**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization: **UNITED WAY OF STANISLAUS COUNTY**  
 Employer identification number: **94-1212129**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR HUMAN SERVICES 2000 W. BRIGGSMORE AVENUE, ST MODESTO, CA 95354	94-1725620		50,000.	0.			
(2) COMMUNITY HOUSING & SHELTER S 708 H STREET MODESTO, CA 95354	77-0079748		25,000.	0.			
(3) HAVEN WOMEN'S CENTER 618 13TH STREET MODESTO, CA 95354	94-2499361		30,000.	0.			
(4) INTER-FAITH MINISTRIES 120 KERR AVENUE MODESTO, CA 95354	94-1496168		24,080.	0.			
(5) SIERRA HOPE 1168 BOOSTER WAY ANGELES CAMP, CA 95222			15,000.	0.			
(6) SECOND HARVEST FOOD BANK 1220 VANDERBILT CIRCLE MANTECA, CA 95337	68-0376587		40,000.	0.			
(7) UNITED SAMARITAN FOUNDATION 220 S. BROADWAY AVENUE TURLOCK, CA 95380	77-0399321		10,000.	0.			
(8) LOVE OUR CITIES INC 1404 F STREET MODESTO, CA 95354	47-1989572		50,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **11**  
 3 Enter total number of other organizations listed in the line 1 table. **18**

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

TEEA9901L 07/10/19

Schedule I (Form 990) (2019)



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

AT THE UNITED WAY OF STANISLAUS COUNTY, WE KNOW OUR SUCCESS IS MEASURED BY HOW WELL WE DELIVER ON OUR MISSION TO CREATE OPPORTUNITIES THAT IMPROVE THE QUALITY OF LIFE AT ALL LEVELS OF OUR COMMUNITY. AND WE KNOW THE IMPORTANCE OF SETTING HIGH STANDARDS FOR OURSELVES AND FOR OUR LOCAL PARTNERS. PARTNERSHIP STANDARDS ENHANCE THE LEVEL OF ACCOUNTABILITY AND TRANSPARENCY IN ALL LOCAL OPERATIONS. ANNUALLY, ALL UNITED WAYS PARTNER AGENCIES MUST CERTIFY TO UNITED WAY OF STANISLAUS COUNTY THEIR ADHERENCE TO THESE REQUIREMENTS.

EACH UNITED WAY PARTNER AGENCY MUST:

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)**

BE TAX-EXEMPT UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, HAVE AN ACTIVE, RESPONSIBLE, AND VOLUNTARY GOVERNING BODY, WHICH ENSURES EFFECTIVE GOVERNANCE OVER THE POLICIES AND FINANCIAL RESOURCES OF THE ORGANIZATION.

REPRESENT ITSELF AS A UNITED WAY PARTNER AGENCY IN ACCORDANCE WITH ALL UNITED WAY OF STANISLAUS COUNTY STANDARDS AND REQUIREMENTS.

PARTICIPATE IN THE UNITED WAY ANNUAL CAMPAIGN AS PRESCRIBED IN THE PARTNERSHIP AGREEMENT.

UNDERGO AN ANNUAL AUDIT CONDUCTED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHOSE EXAMINATION COMPLIES WITH GENERALLY ACCEPTED AUDITING STANDARDS AND GAAP.

COMPLY WITH ALL APPLICABLE LEGAL LOCAL, STATE, AND FEDERAL OPERATING AND REPORTING REQUIREMENTS (E.G, NONDISCRIMINATION, SARBANES-OXLEY ACT, USA PATRIOT ACT).

# Continuation Sheet for Schedule I (Form 990)

# 2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page **1** of **3**

Name of the organization		Employer identification number					
UNITED WAY OF STANISLAUS COUNTY		94-1212129					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--- CITY MINISTRY NETWORK --- --- 820 H STREET --- --- MODESTO, CA 95354 ---	26-0100683		75,000.				
--- STANISLAUS CMNTY FOUNDATION --- --- 100 SYCAMORE AVE., SUITE 200 --- --- MODESTO, CA 95354 ---	68-0483054		29,354.				
--- SUTTER VALLEY HOSPITALS --- --- 2200 RIVER PLAZA DR --- --- SACRAMENTO, CA 95833 ---	94-1156621		258,300.				
--- KAISER FOUNDATION HOSPITAL --- --- 1800 HARRISON ST., 25TH FLOOR --- --- OAKLAND, CA 94612 ---	94-1105628		65,996.				
--- CHILDREN'S CRISIS CENTER --- --- P.O. BOX 1062 --- --- MODESTO, CA 95353 ---			20,000.				
--- ASPIRANET --- --- 2160 GEER ROAD --- --- TURLOCK, CA 95382 ---			10,000.				
--- CMTY IMPACT CENTRAL VALLEY --- --- 817 10TH ST. --- --- MODESTO, CA 95354 ---			10,000.				
--- DOWNTOWN STREETS TEAM --- --- 1671 THE ALAMEDA, SUITE 306 --- --- SAN JOSE, CA 95126 ---			32,942.				
--- ENRICH AND EMPLOY --- --- 1213 COFFEE RD., STE B --- --- MODESTO, CA 95355 ---			8,000.				
--- FINAL CUT MEDIA --- --- 1207 13TH ST., STE 2 --- --- MODESTO, CA 95354 ---			15,613.				

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019

# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 3

Name of the organization		Employer identification number					
UNITED WAY OF STANISLAUS COUNTY		94-1212129					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY 630 KEARNEY AVE MODESTO, CA 95350			30,000.				
INTERNATIONAL RESCUE MISSION 440 GRAND AVENUE #500 MODESTO, CA 95350			15,000.				
LEARNING QUEST 1032 11 TH STREET MODESTO, CA 95354			25,000.				
MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD MODESTO, CA 95354			10,000.				
PARENT RESOURCE CENTER 811 5TH ST. MODESTO, CA 95351			45,000.				
RESILIENCY VILLAGE PO BOX 523 SOULSBYVILLE, CA 95372			15,000.				
SIERRA VISTA CHILD & FAMILY S 100 POPLAR AVE MODESTO, CA 95354			50,000.				
SOUTH MODESTO PARTNERSHIP 2014 WALLY COURT MODESTO, CA 95350			10,000.				
TURLOCK GOSPEL MISSION 432 S BROADWAY TURLOCK, CA 95380			25,500.				
UNITED CEREBRAL PALSY 265 SPYRES WAY STE 2 MODESTO, CA 95356			20,000.				

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF STANISLAUS COUNTY

Employer identification number

94-1212129

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

COMMUNITY IMPACT: COMMUNITY IMPACT IS THE LONG LASTING RESULTS THAT ARE REACHED THROUGH THE FUNDING OF PROGRAMS THAT STRATEGICALLY MEET THE UNITED WAY OF STANISLAUS GOALS, OBJECTIVES AND OUTCOMES. THE THREE IMPACT AREAS DESIGNATED BY UNITED WAY OF STANISLAUS ARE EDUCATION, INCOME, FINANCIAL STABILITY AND HEALTH. AGENCIES SUBMIT APPLICATIONS FOR FUNDING EVERY THREE YEARS FOR PROGRAMS THAT BEST MEET THE OUTCOMES OF EACH IMPACT AREA. AGENCIES AND THE PROGRAMS THEY PROVIDE ARE CLOSELY MONITORED BY STAFF AND OVER 75 VOLUNTEERS FOR FISCAL AND PROGRAM ACCOUNTIBILITY THROUGH IMPACT COUNCILS.

VOLUNTEER CENTER: PROGRAM WHICH HELPS PEOPLE TO FIND THE BEST WAY TO BE INVOLVED BY MATCHING THEIR SKILLS AND INTEREST WITH THE NEEDS OF COMMUNITY ORGANIZATIONS AND EDUCATES THE COMMUNITY ABOUT AVAILIABLE NON-PROFIT SERVICES

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

A COPY OF FORM 990 IS EMAILED TO EACH MEMBER OF THE GOVERNING BOARD PRIOR TO THE FILING FOR REVIEW. ANY COMMENTS OR QUESTIONS ARE PROVIDED TO THE AGENCY CEO, OR DISCUSSED AT THE SUBSEQUENT BOARD MEETING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM TO IDENTIFY ANY POSSIBLE CONFLICTS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION OF THE CEO IS DETERMINED BY AN EXECUTIVE COMMITTEE BY REFERENCE TO COMPARABLE POSITIONS. THE COMMITTEE INCLUDES LOCAL BUSINESS HUMAN RESOURCE PROFESSIONALS KNOWLEDGABLE OF COMPARABLE COMPENSATION. THE FINAL DECISION IS MADE BY THE BOARD.

Name of the organization

Employer identification number

UNITED WAY OF STANISLAUS COUNTY

94-1212129

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

OTHER KEY EMPLOYEE COMPENSATION IS SET BY THE CEO WITH CONSULTATION BY SINGLE-POINT  
OUTSOURCING ALONG WITH THE FINANCE COMMITTEE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE ORGANIZATION MAKES ITS IRS FILINGS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AT THE  
ADMINISTRATIVE OFFICE, UPON REQUEST.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019, and ending (mm/dd/yyyy) 6/30/2020

Corporation/Organization name UNITED WAY OF STANISLAUS COUNTY
California corporation number 0321664
FEIN 94-1212129
Street address (suite or room) POST OFFICE BOX 3066
City MODESTO State CA Zip code 95353

A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return?... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d, has the organization engaged in political activities?... K Is the organization exempt under R&TC Section 23701g?... L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box... M Is the organization a Limited Liability Company?... N Did the organization file Form 100 or Form 109 to report taxable income?... O Is the organization under audit by the IRS or has the IRS audited in a prior year?... P Is federal Form 1023/1024 pending?...

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows and 3 columns. Rows include Receipts and Revenues (1-8), Expenses (9-10), Filing Fee (11-17), Sign Here, and Paid Preparer's Use Only. Total gross receipts: 2,792,298. Total gross income: 2,791,290. Balance due: 0.



**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	8,219.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	151,131.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1	●	8	159,350.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	1,024,785.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	105,924.
	12	Other salaries and wages	●	12	452,303.
	13	Interest	●	13	23,971.
	14	Taxes	●	14	46,688.
	15	Rents	●	15	7,423.
	16	Depreciation and depletion (See instructions)	●	16	45,305.
	17	Other Expenses and Disbursements. Attach schedule	●	17	480,122.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9	●	18	2,186,521.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,200,086.	●	1,444,780.
2	Net accounts receivable		779,640.	●	650,011.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock. STMT 4		320,061.	●	334,622.
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets	1,685,685.		1,693,893.	
b	Less accumulated depreciation	784,408.	901,277.	829,569.	864,324.
11	Land		244,692.	●	244,692.
12	Other assets. Attach schedule STM 5		15,773.	●	38,915.
13	<b>Total assets</b>		<b>3,461,529.</b>		<b>3,577,344.</b>
<b>Liabilities and net worth</b>					
14	Accounts payable		469,453.	●	400,984.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable		383,613.	●	431,913.
18	Other liabilities. Attach schedule STM 6		600,103.	●	131,318.
19	Capital stock or principal fund		2,008,360.	●	2,613,129.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		<b>3,461,529.</b>		<b>3,577,344.</b>

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	604,769.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5	●	604,769.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8	●	
10	Net income per return. Subtract line 9 from line 6	●	604,769.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization: UNITED WAY OF STANISLAUS COUNTY Employer identification number: 94-1212129

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation Form 990-PF [ ] 527 political organization [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

UNITED WAY OF STANISLAUS COUNTY

94-1212129

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	E&J GALLO WINERY 600 YOSEMITE AVE MODESTO, CA 95353	\$ 197,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FOSTER POULTRY FARMS 1000 DAVIS STREET LIVINGSTON, CA 95334	\$ 82,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FOSTER POULTRY FARMS 1000 DAVIS STREET LIVINGSTON, CA 95334	\$ 132,251.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	E & J GALLO WINERY 600 YOSEMITE BLVD MODESTO, CA 95354	\$ 106,183.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COSTCO - MODESTO 3801 PELENDALE AVENUE MODESTO, CA 95356	\$ 56,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STANISLAUS COUNTY CEO 1010 10TH STREET, STE 6800 MODESTO, CA 95354	\$ 64,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization: UNITED WAY OF STANISLAUS COUNTY  
 Employer identification number: 94-1212129

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... \$            N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
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## UNITED WAY OF STANISLAUS COUNTY

94-1212129

STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	109,024.
MISCELLANEOUS.....		42,107.
	TOTAL \$	<u>151,131.</u>

STATEMENT 2  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	CENTER FOR HUMAN SERVICES	
DONEE'S STREET ADDRESS:	2000 W. BRIGGSMORE AVENUE, ST	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		50,000.

DONEE'S NAME:	COMMUNITY HOUSING & SHELTER SVCS	
DONEE'S STREET ADDRESS:	708 H STREET	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		25,000.

DONEE'S NAME:	HAVEN WOMEN'S CENTER	
DONEE'S STREET ADDRESS:	618 13TH STREET	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		30,000.

DONEE'S NAME:	INTER-FAITH MINISTRIES	
DONEE'S STREET ADDRESS:	120 KERR AVENUE	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		24,080.

DONEE'S NAME:	SIERRA HOPE	
DONEE'S STREET ADDRESS:	1168 BOOSTER WAY	
DONEE'S CITY, STATE, ZIP:	ANGELES CAMP, CA 95222	
AMOUNT GIVEN:		15,000.

DONEE'S NAME:	SECOND HARVEST FOOD BANK	
DONEE'S STREET ADDRESS:	1220 VANDERBILT CIRCLE	
DONEE'S CITY, STATE, ZIP:	MANTECA, CA 95337	
AMOUNT GIVEN:		40,000.

DONEE'S NAME:	UNITED SAMARITAN FOUNDATION	
DONEE'S STREET ADDRESS:	220 S. BROADWAY AVENUE	
DONEE'S CITY, STATE, ZIP:	TURLOCK, CA 95380	
AMOUNT GIVEN:		10,000.

DONEE'S NAME:	LOVE OUR CITIES INC	
DONEE'S STREET ADDRESS:	1404 F STREET	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		50,000.

DONEE'S NAME:	CITY MINISTRY NETWORK	
DONEE'S STREET ADDRESS:	820 H STREET	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		75,000.

DONEE'S NAME:	STANISLAUS CMNTY FOUNDATION	
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## UNITED WAY OF STANISLAUS COUNTY

94-1212129

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S STREET ADDRESS:	100 SYCAMORE AVE, SUITE 200	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		29,354.
DONEE'S NAME:	SUTTER VALLEY HOSPITALS	
DONEE'S STREET ADDRESS:	2200 RIVER PLAZA DR	
DONEE'S CITY, STATE, ZIP:	SACRAMENTO, CA 95833	
AMOUNT GIVEN:		258,300.
DONEE'S NAME:	KAISER FOUNDATION HOSPITAL	
DONEE'S STREET ADDRESS:	1800 HARRISON ST, 25TH FLOOR	
DONEE'S CITY, STATE, ZIP:	OAKLAND, CA 94612	
AMOUNT GIVEN:		65,996.
DONEE'S NAME:	CHILDREN'S CRISIS CENTER	
DONEE'S STREET ADDRESS:	P.O. BOX 1062	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95353	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	ASPIRANET	
DONEE'S STREET ADDRESS:	2160 GEER ROAD	
DONEE'S CITY, STATE, ZIP:	TURLOCK, CA 95382	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	CMTY IMPACT CENTRAL VALLEY	
DONEE'S STREET ADDRESS:	817 10TH ST.	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	DOWNTOWN STREETS TEAM	
DONEE'S STREET ADDRESS:	1671 THE ALAMEDA, SUITE 306	
DONEE'S CITY, STATE, ZIP:	SAN JOSE, CA 95126	
AMOUNT GIVEN:		32,942.
DONEE'S NAME:	ENRICH AND EMPLOY	
DONEE'S STREET ADDRESS:	1213 COFFEE RD, STE B	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95355	
AMOUNT GIVEN:		8,000.
DONEE'S NAME:	FINAL CUT MEDIA	
DONEE'S STREET ADDRESS:	1207 13TH ST. STE 2	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		15,613.
DONEE'S NAME:	HABITAT FOR HUMANITY	
DONEE'S STREET ADDRESS:	630 KEARNEY AVE	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95350	
AMOUNT GIVEN:		30,000.
DONEE'S NAME:	INTERNATIONAL RESCUE MISSION	
DONEE'S STREET ADDRESS:	440 GRAND AVENUE #500	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95350	
AMOUNT GIVEN:		15,000.
DONEE'S NAME:	LEARNING QUEST	
DONEE'S STREET ADDRESS:	1032 11 TH STREET	
DONEE'S CITY, STATE, ZIP:	MODESTO , CA 95354	

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

AMOUNT GIVEN:		25,000.
DONEE'S NAME:	MODESTO GOSPEL MISSION	
DONEE'S STREET ADDRESS:	1400 YOSEMITE BLVD	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	PARENT RESOURCE CENTER	
DONEE'S STREET ADDRESS:	811 5TH ST.	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95351	
AMOUNT GIVEN:		45,000.
DONEE'S NAME:	RESILIENCY VILLAGE	
DONEE'S STREET ADDRESS:	PO BOX 523	
DONEE'S CITY, STATE, ZIP:	SOULSBYVILLE, CA 95372	
AMOUNT GIVEN:		15,000.
DONEE'S NAME:	SIERRA VISTA CHILD & FAMILY S	
DONEE'S STREET ADDRESS:	100 POPLAR AVE	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95354	
AMOUNT GIVEN:		50,000.
DONEE'S NAME:	SOUTH MODESTO PARTNERSHIP	
DONEE'S STREET ADDRESS:	2014 WALLY COURT	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95350	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	TURLOCK GOSPEL MISSION	
DONEE'S STREET ADDRESS:	432 S BROADWAY	
DONEE'S CITY, STATE, ZIP:	TURLOCK, CA 95380	
AMOUNT GIVEN:		25,500.
DONEE'S NAME:	UNITED CEREBRAL PALSY	
DONEE'S STREET ADDRESS:	265 SPYRES WAY STE 2	
DONEE'S CITY, STATE, ZIP:	MODESTO, CA 95356	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	W. MODESTO CMTY COLLABORATIVE	
DONEE'S STREET ADDRESS:	601 S MARTIN LUTHER KING DR	
DONEE'S CITY, STATE, ZIP:	MODESTO , CA 95351	
AMOUNT GIVEN:		10,000.
	TOTAL	<u>\$ 1,024,785.</u>

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	15,672.
DUES.....		3,372.
MEETINGS.....		16,063.
MISCELLANEOUS.....		27,945.
OFFICE EXPENSES.....		16,222.
OPERATION EXPENSE POOL.....		96,191.



**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

OTHER EMPLOYEE BENEFIT.....	\$	82,397.
OTHER FEES.....		136,846.
PAYMENTS TO AFFILIATES.....		22,315.
POSTAGE AND SHIPPING.....		1,826.
PRINTING AND PUBLICATIONS.....		1,653.
SPECIAL EVENT EXPENSES.....		44,226.
STAFF DEVELOPMENT.....		2,678.
SUBSCRIPTIONS.....		10,817.
TRAVEL.....		1,899.
	TOTAL \$	<u>480,122.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 7**  
**INVESTMENTS IN STOCKS**

MERRIL - MUTUAL FUNDS.....	\$	334,622.
	TOTAL \$	<u>334,622.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

LOAN FEES.....		3,797.
PREPAID EXPENSES AND DEFERRED CHARGES.....		35,118.
	TOTAL \$	<u>38,915.</u>

**STATEMENT 6**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

ACCRUED EXPENSES.....		131,318.
	TOTAL \$	<u>131,318.</u>



**STATEMENT 1  
FORM RRF-1, PART B, LINE 5  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COMMUNITY SERVICES AGENCY  
251 HACKETT ROAD  
MODESTO, CA 95358  
CANDICE HENSON  
(209) 558-2500

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION  
930 15TH STREET  
MODESTO, CA 95354  
DAVID JONES  
(209) 558-6218