

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM FY 2019/20 CDBG APPLICATION

APPLICATION SUBMITTAL CHECKLIST

This checklist must be included as part of your agency's FY 2019/20 CDBG Application packet.

Project Title: Empower Loughborough Community
Agency Name: LifeLine CDC

INSTRUCTIONS

Enter an "X" next to each item below as you complete it. If the form or document listed does not apply to your project, enter "N/A" next to the item. This checklist must be included as part of your agency's FY 2019/20 CDBG Application packet.

APPLICATION

<i>The following must be submitted to be considered for funding:</i>	
<input checked="" type="checkbox"/>	Application Submittal Checklist
<input checked="" type="checkbox"/>	Application for Funding
<input checked="" type="checkbox"/>	Appendix A: Narrative of Project
<input type="checkbox"/>	Appendix B: Capital Improvement Project (CIP) Project Details
<input checked="" type="checkbox"/>	Appendix C: List of All Funding Sources & Two Years of Annual Financial Audits
<input checked="" type="checkbox"/>	Appendix D : Project Implementation
<input type="checkbox"/>	Appendix E : Results of Prior Year Projects (<i>as applicable to project; see form</i>)
<input checked="" type="checkbox"/>	Appendix F: Roster of Board Members
<input checked="" type="checkbox"/>	State and Federal Tax Exemption Determination Letters
<input checked="" type="checkbox"/>	Charter and/or Bylaws
<input checked="" type="checkbox"/>	Organization Chart
<input checked="" type="checkbox"/>	Copy of Insurance Certificate
<input checked="" type="checkbox"/>	Applicant Attended MANDATORY Community Meeting



FY 2019/20 CDBG APPLICATION SUBMITTAL CHECKLIST

PROJECT-SPECIFIC REQUIREMENTS: For PUBLIC SERVICES projects only

<input type="checkbox"/>	Copy of Rental or Lease Agreement (<i>A copy of lease is only required if CDBG funds are proposed to be used to make a portion of the lease payments.</i>)
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CDBG Eligible Activity for Public Services Projects (must select one):

<i>Public Facilities and Improvements:</i>			
<input type="checkbox"/>	General Public Services	<input type="checkbox"/>	Child Care Services
<input type="checkbox"/>	Homeless/AIDS Services	<input type="checkbox"/>	Health Services
<input type="checkbox"/>	Senior Services	<input type="checkbox"/>	Abused and Neglected Children
<input type="checkbox"/>	Disability Services (documentation req.)	<input type="checkbox"/>	Mental Health Services
<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	Lead Based Paint/Lead Hazards Screening
<input type="checkbox"/>	Youth Services	<input type="checkbox"/>	Subsistence Payments
<input type="checkbox"/>	Transportation Services	<input type="checkbox"/>	Homeownership Assistance (not direct)
<input type="checkbox"/>	Substance Abuse Services	<input type="checkbox"/>	Rental Housing Subsidies
<input type="checkbox"/>	Battered and Abused Spouses	<input type="checkbox"/>	Security Deposits
<input checked="" type="checkbox"/>	Employment Training	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Crime Prevention and Public Safety	<input type="checkbox"/>	Neighborhood Cleanups
<input type="checkbox"/>	Tenant/Landlord Counseling	<input type="checkbox"/>	Food Banks
<input type="checkbox"/>	Illiterate Adults (Non-English/ESL)	<input type="checkbox"/>	Migrant Farm Workers

OPTIONAL DOCUMENTS: Not required from any applicant, but enter an "X" next to the items included in your application submittal

<input type="checkbox"/>	Exhibits: These refer to no more than two 8.5" X 11" pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white).
<input type="checkbox"/>	Letters: You may submit up to 3 letters of support for your project as part of your application submittal.





Fiscal Year 2019

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Application for Funding

Project category: (check one only)	<input checked="" type="checkbox"/> Public Service	<input type="checkbox"/> Capital Improvement Project (CIP)
	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Administrative/Professional Services (Continuum of Care or Fair Housing)

Agency Information

Agency Name:	LifeLine Community Development Corporation (CDC) of Merced County	Program Title:	Empowered Loughborough Community
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Business Address, including city:	393 E Donna Dr. Merced CA 95340				
Mailing Address: (if different)	731 E Yosemite Ave Ste B # 165, Merced CA 95340				
Applicant contact name:	Monika Grasley				
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Number of paid staff:	6	Tax ID number:	74-3236209		
Number of volunteers:	100+	DUNS number:	809511244		
Annual operating budget:	\$ 180,000.00				
Agency Mission Statement:					
Empowering Impoverished Neighborhoods to Thrive					

Funding Request

Total funding requested in this application:	\$ 50,000.00	Other funds already secured for project:	\$ 30,000.00
Total cost to complete project:	\$ 90,000.00	Other funds not yet secured for project: *	\$ 10,000.00

*Please explain in Project Description section below

Brief project description (include goals, objectives, and number of clientele to be served)
<p>The Loughborough corridor has been considered "ground zero" in the past due to gang activities, high density housing and a high rate poverty. LifeLine CDC has been in the community for the past 6 years to engage with community members to see the assets and strength already present and to create bridges to available resources. In the Meadows Apartments we have a community center for a safe after school program, computers for job searches, connections to various agencies and programs and a ever expanding network that helps community members have access to resources like job training, increase their income and avoid perpetual poverty and possible homelessness. We want to expand the program and have been approached by several complexes to create similar programs.</p>

** This Box For City of Merced Office Use Only – Thank You **			
Project Eligible?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amt Awarded: \$ _____	Date: _____
HUD Matrix Code: _____		IDIS #: _____	
SAM Check Complete? <input type="checkbox"/> Yes		Notes: _____	

Section 1: Project Information

<i>Project address(es):</i>	<i>Census tract:</i>	<i>Project Area:</i>
Loughborough Community	10.03,10.04	

<i>Target clientele:</i>	Loughborough community
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1.1 Provide a concise description of the proposed project (this description must match the one provided on the cover page). Space for a fuller narrative is provided in Appendix A.

Many families in the Loughborough community have been living in poverty, partly due to their lack of access to resources. We will expand our outreach to the community by partnering with 3 new complexes to create community centers where community members can find not only resources but also have connections with each other to break down some of the barriers that are often impeding progress.

1.2 How much total funding are you requesting in this application?
(You will provide a detailed budget in Appendix C) **\$ 75,000.00**

1.3. Anticipated start date: 09/01/2019 **Anticipated end date:** 08/30/2020

1.4. Project's days/hours of operation: Depending on the needs of the community at least 20 hours/week

1.5 Project Category (Check one only)	<input checked="" type="checkbox"/> Public Service	1.6 Project Objective (Check one only)	<input type="checkbox"/> Suitable Living Environment
	<input type="checkbox"/> Economic Development		<input type="checkbox"/> Decent Housing
	<input type="checkbox"/> Capital Improvement		<input checked="" type="checkbox"/> Economic Opportunity
1.7 Project Outcome (Check one only)	<input checked="" type="checkbox"/> Availability/Accessibility		
	<input type="checkbox"/> Sustainability		
	<input type="checkbox"/> Affordability		
	<input type="checkbox"/> Administrative (i.e.: Continuum of Care, Fair Housing Services)		

1.8 CDBG Criteria: Which CDBG criterion below does your proposed project meet? (Not Applicable for GF requests)

<input checked="" type="checkbox"/>	(1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI)
<input type="checkbox"/>	(2) Limited clientele (select from options below):
<input type="checkbox"/>	(a) Special needs group (select benefit group from list below):
<input type="checkbox"/>	(i) Abused children
<input type="checkbox"/>	(ii) Elderly persons 62 years or older
<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	(iv) Severely disabled adults (not children) – Census definition; documentation required
<input type="checkbox"/>	(v) Illiterate adults
<input type="checkbox"/>	(vi) Persons living with HIV/AIDS
<input type="checkbox"/>	(vii) Migrant farm workers
<input type="checkbox"/>	(viii) Homeless persons
<input type="checkbox"/>	(b) At least 51% of clientele to be served will be documented as LMI.
<input type="checkbox"/>	(3) Housing (select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)
<input type="checkbox"/>	(4) Job creation: At least 51% of jobs for LMI persons.

1.9. The 2015-2020 Consolidated Plan goals below have been listed in their descending order of priority. Select the goal appropriate to your project: Consolidated Plan	
<input type="checkbox"/>	Housing Rehabilitation, Reconstruction, and Neighborhood Revitalization.
<input type="checkbox"/>	New Affordable Housing Construction.
<input type="checkbox"/>	Housing Affordability (Homebuyer Assistance Programs).
<input type="checkbox"/>	City Coordination.
<input checked="" type="checkbox"/>	Improvement of the Quality and Quantity of Public Services.
<input type="checkbox"/>	Improvement of the Quality and Quantity of Community Infrastructure and Public Facilities.
<input type="checkbox"/>	Planning for Future Housing and Infrastructure Needs.
<input type="checkbox"/>	Homeless Services
<input type="checkbox"/>	Administrative Services

Please use this area to add any additional information from the above questions:

PLEASE NOTE: Maximum length for Questions 1.10 to 1.15 below is two pages)**1.10. Explain how the proposed project addresses the goals selected in Section 1.9:**

We all live in a 'bubble' and people in poverty, though gifted, resourceful and capable of many various things, often lack access to public resources and pathways out of poverty and potential homelessness.

Our 12 year history working with community members who live in poverty has taught us that lack of formal secondary education, high levels of stress, limited resources and lack of transportation can make life difficult and often almost impossible to handle things beyond fighting for the basics.

Many people do not know about some of the services available and/or are afraid to access them.

Our community center has become the 'hub' of connections where people can learn about services, use the computers, get help with writing resumes and filling out job applications. But more than that they have opportunities to interact with community members they can count on and trust, which breaks down some of the barriers that hold them back from moving forward.

We are created for community, and that is especially apparent for people who live in poverty, we need each other! But often that means that the only community we know is other under resourced people. Having Community Connectors in the Community Centers helps expand their horizons and gives them access to resources they might not have known about.

Our partnership with HSA (Welfare to work program) and WorkNet (Subsidized Employment) has given people a first glimpse into having a job and learning the skills to take the next job. Our partnership with the Merced Community Health Department is bringing Health Education to our community (including classes and a garden). Our partnership with UC Merced students brings young adults into our community and lets people dream about college. Our partnership with Probation Department is creating a safer environment for our young people. Our collaborative nature opens doors for community members to engage in the large community.

By expanding our work to additional apartment complexes we will be able to have more impact in the Loughborough community.

1.11 Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:

After school programs have helped the children in the Meadows apartments become more successful and resourceful students and has given them a safer environment to spend their free time. It also has expanded their horizons due to field trips to UC Merced, City Hall and various other places. Critical thinking skills, giving back to the community (clean ups) and various other initiatives have helped our students to dream about their future outside of the welfare system. We have between 8-12 children coming to the program.

Our resources area is packed with information on various city programs (e.g. All Dad's Matter, Movies in the Park, Library hours, job opportunities, college applications) to encourage adults to take steps out of poverty. This happens in casual conversations over coffee in conversations around a problem that has occurred or while helping create a resume.

Our community garden is encouraging families to be resourceful in their money management.

1.12 List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:

The after school activities - UC Merced, Merced College, various volunteers

Health education community garden, classes for youth adults, physical activities - Merced County of Public Health Department

Public space - provided by the apartment managers/owners

Job training - HSA, WorkNet

Various informal gatherings with a number of different non profits, organizations and public service entities.

All of these programs are already happening in the Meadows Apartments and we want to expand them to 3 other apartment complexes in the Loughborough area.

1.13 How does your agency plan to tell the target population about the project/services?:

Word of mouth, newsletters, managers connections, social media

1.14 List up to three outcomes of the project (at least one is required). For each outcome listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome:

Expand our Community Connections into 3 other apartment complexes to empower the community members there to take ownership of their future and move ahead by exposure to people and initiatives outside of their realm of influence. 100 additional people will use services they select and be tracked in Charity Tracker.

1.15 Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:



Yes



No

We never want to duplicate services already doing good work, our focus is to give people opportunities to know about the services already provided.

Apartment managers and owners who will provide space to expand our programs.

HSA and the services they provides.

First 5 - we want to expand our First 5 programs to the other apartment complexes.

Work Net - resources and job training in other areas.

Various organizations, non-profits etc. - continue our partnership and provide the services to the other apartment complexes.

Section 2: Target Population (maximum length this section is one page)

2.1 What is the target population for this project?

the community members in the census track 10.03 and 10.04.

2.2 How does your agency track and record client demographics?

In the past we have been using Excel to track our data and we are moving over to "Charity Tracker" a web application for sharing case management, gathering data and report statistical data for resource development, measuring impact and strategic planning.

2.3 What specific census tracts or housing project areas does the project intend to serve?

Loughborough area Census Tracts 10.03 and 10.04

2.4 Is the primary office located within eligible census tracts and/or Housing project areas?

☐ Yes ☒ No

2.5. Indicate whether the project will be serving individual clients (IC) or households (HH):

☒ IC ☒ HH

2.6. What is the total number of unduplicated clients/households to be served?

90

2.7. Of the total number of unduplicated clients/households to be served, what is the total number of unduplicated LMI clients/households to be served, if applicable?

90

2.8. If applicable, what is the percentage of unduplicated LMI clients/households to be served?

unknown

2.9. What is the cost per client/household?

\$ 0.00

2.10. Over the past three years, what proportion of the targeted population served by the project were City of Merced residents? (Have documentation available, if requested.)
If this is a new project, what proportion are you anticipating?)

100%

Section 3: Agency Capacity

3.1. Who will be the person responsible for the overall oversight of the proposed project?	
Name of person:	Monika Grasley
Title of person:	Executive Director
E-mail address:	monikagrasley@lifelinecdc.org
Telephone number:	209-201-2905
Alternate phone:	209-259-8950

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?	
Name of person:	Chanel Weaver
Title of person:	Community Connector
E-mail address:	chanelweaver@lifelinecdc.org
Telephone number:	209-947-1982
Alternate phone:	209- 354-4914

3.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals: <u>DO NOT COMPLETE IF SAME AS 3.2 ABOVE</u>	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.4. Who will be the person(s) responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals: <u>DO NOT COMPLETE IF SAME AS 3.2 or 3.3 ABOVE</u>	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone :	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

Add any additional relevant information here:

(Maximum length for Questions 3.5 to 3.8 below is one page)

3.5. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

Charity Tracker
UC Merced Professor for evaluative work

3.6. *How does your agency plan to ensure compliance with applicable policy and procedural requirements (including those listed in HUD's "Playing by the Rules" Handbook)?*

Click link to access handbook. [Playing by the Rules Handbook](#)

Review the handbook with leaders and participants

3.7. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

Managers of apartment complexes maintain their grounds to relevant ADA benchmarks.

3.8. *Please provide agency organization chart and complete Appendix F (Board Members)*

Section 4: Auditing Control (Maximum length this section is two pages)**4.1 Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

We are using Aplos a non-profit web based accounting software that has a fund recording structure.

(<https://www.aplos.com/>)

We have used them over the years with all of our grants (eg. Merced Community Health Department, United Way, Merced Community Foundation). We are using a cash based system and have a person who enters the data, our Treasurer who reviews our finances and our board who receives regular updates.

4.2 Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:

We have monthly board meetings where our Board of Directors receive updates on the programs that we are implementing. Our board members are part of writing the grants. The board also receives regular (bi-weekly) Director's reports from the Executive Director.

4.3 Briefly describe your agency's record keeping system, with relevance to the proposed project:

We have a locked filing cabinet that holds all documents, we also scan all of our documents into a off site digital storage (Drop Box). We will implement "Charity Tracker" as our data statistical holding tank.

4.4 Briefly describe your agency's auditing requirements, including those for the proposed project:

We have not had a CPA audit (due to the size of our budget), but have yearly 990 reports available on GuideStar and are in good standing with Guidestar for compliance on policies and procedures.

4.5 How does your agency plan to separate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?

We are using a Fund Based Software system that separates the funds and grants.

Section 5: Agency Experience (max. length: one page for Sections 5 & 6 combined)

- 5.1. Briefly highlight your agency's experience and major accomplishments in providing services to residents of Merced. (Note: you may provide more detail in Appendix A, if needed.)

We have been in the Merced County community for the past 12 years with a track record of empowering impoverished neighborhoods to thrive.

Our work includes having a community center in Winton that is the resource center for many Winton Community Members. In Winton we have implemented the VITA (Volunteer Income Tax Assistance) program for a number of years bringing about \$100,000 in the local community by assisting lower income community members with their tax preparation. We have a thriving community garden (through a Merced County Public Health SNAP grant) and have implemented various programs around both physical and mental health. We are working regularly with lower income community members to ensure that they have the resources they need to thrive.

In the Loughborough area we have been working with the manager of the Meadows apartments to provide a community center that has helped people find the resources they need to thrive (job search, computer help, one-on-one conversations), we have helped people find jobs, get out of addictions, provided training for welfare to work programs and have worked closely with WorkNet. We also have a partnership with Probation to help with juvenile work. We have been working with various apartment managers and community members in the Loughborough area to address the crime issues and build a stronger network of working together.

On a bigger spectrum we have initiated the Sharing Tray Gleaning program in the Merced schools, host and facilitate the PACT (Probation/Parole and Community Team) helping returning citizens reenter successfully into community, work with the CoC on the homeless issue and try to build stronger partnerships between the Faith community and the public sector.

- 5.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2016/17 through 2018/19)? If yes, complete Appendix E for each of the grants received for Fiscal Years 2016/17, 2017/18, and 2018/19.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Section 6: Back-Up Plan (maximum length: one page for Sections 5 & 6 combined)

- 6.1. Will your agency still implement this project should City funds not be awarded? If yes, how will the implementation be achieved?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Program will be scaled to funds available. Contract work in Winton & Loughborough will continue.

- 6.2. If funded, how will your agency continue this project if City funds are not available in future years?

While money is an important factor to accomplish things, we always have relied on community members of good will to step in and work to make their neighborhoods a better place.

Appendix A: Narrative of Project (maximum length is two pages)

In two pages or less, 1) explain your proposed project and, 2) explain why it should be awarded funding.

1) Explain your proposed project:

The Empowered Loughborough Community Project takes a proven model of asset-based community development, tested and developed for over a decade in our other centers, and expands it to service three new sites and populations in the Loughborough neighborhood of Merced.

Apartment managers are already on board to provide space, residents of the complex will be enlisted to discover, develop, and share their skills and passions with their neighbors. Partner agencies will be included as their services are identified as needed by the local residents.

2) Explain why it should be awarded funding:

Pilot program in the Meadows Apartments has shown effectiveness and attracted the attention of other apartment complex managers, who want their properties to experience the same benefits.

We have years of experiences and trusted relationships in the community and we know that that is often the most important step to make any changes in a community. We have a good reputation as an organization that 'gets things done' and have a high sense of integrity to accomplish what we promise.

Appendix B: CIP Projects (maximum length for Questions B.1 to B.6: one page)¹

B.1. Have the construction plans and drawings been completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, indicate the anticipated date of completion:				

B.2. Will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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B.3. Summarize the organization's relevant experience on similar federally funded projects:

B.4. Address the mitigation of any issues identified on the "Project Site Information section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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B.5. How will the completed work be maintained for at least five years after the termination of the agreement with the City of Merced?
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B.6. Has funding for the construction phase been identified and committed? If no, describe below the issues preventing your agency from seeking outside funding:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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¹ For Appendix B only – If legally necessary responses cannot be provided within the page-count constraints, then please provide brief summaries of the responses above and reference and attach outside documentation.

Project Site Information (maximum length for Questions B.7 to B.15 is two pages)

B.7. Is the facility agency-owned, City-owned, or privately owned?			
<input type="checkbox"/>	Agency-owned		
	Property owner(s):		
	Is there currently a lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	City-owned		
	City Department:		
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)		
	Is there currently a lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Privately owned		
	Property owner(s):		
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date)		
	Is there currently a lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Other		
	Provide a brief explanation:		

B.8 For building/structures constructed prior to December 31, 1978:						
Has a lead hazard inspection report been issued for the facility?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has the facility been abated for lead paint?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will children occupy the facility?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Year Built:						

B.9. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe below:							

B.10. Is the building/structure located on a Historic Site?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure in a Flood Zone?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure in a Flood Plain?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your agency have flood insurance?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will demolition be required?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

B.11. List and describe any known hazards (e.g., asbestos, storage tanks –underground/above ground):

B.12. Will the project result in an expansion of an existing facility?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, specify the size in square feet:	Existing size:	Addition size:					

B.13. The questions below ask about zoning. If zoning information is not known, contact the City of Merced's Development Services Department at (209) 385-6858 to request assistance.

What is the project structure type?

☐ Residential

☐ Commercial

☐ Public facility

☐ Public right-of-way

What is the current zoning of the project site?

Is the project site zoned correctly for the proposed activity?

☐ Yes

☐ No

B.14. Does the project require temporary/permanent relocation of occupants?

☐

Yes

☐

No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2019/20 CDBG funds.]

B. 15. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

Appendix C: Funding Sources and Detailed Budget

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one)	<input checked="" type="checkbox"/> Public Service	Complete Appendices C-1 & C-2
	<input type="checkbox"/> Economic Development	
	<input type="checkbox"/> Capital Improvement Project (CIP)	
	<input type="checkbox"/> Administrative	

- All project categories must complete the following:
 - [Appendix C-1](#): List of All Funding Sources for the Project
 - [Appendix C-2](#): CDBG Detailed Project Budget
- Provide Last 2 Years of Financial Audits (attach separately)

NOTE! If you are filling out this application in your web browser, make sure to right-click on the links, then copy them into a new page. Otherwise, you may lose all your progress.

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FISCAL YEAR 2019 APPLICATION

TOTAL UNFUNDED PROJECT BALANCE	\$	-
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**APPENDIX C-2
FY 2019 CDBG
PROJECT DETAILED
BUDGET**

AGENCY
PROJET

LifeLine Community Development Corporation (CDC) of Merced County Empowering Loughborough Community
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MISCELLANEOUS PROJECT COSTS:

Administrative costs 10%	\$7,500
Office Supplies	\$2,000
Postage	\$500
Consultant Services	
Maintenance/repair	\$1,000
Publication/printing	\$2,000
Transportation	\$1,000
Rent (3 centers)	\$5,000
Equipment rental	
Insurance	\$5,000
Utilities	\$3,000
Telephone	\$1,000
Other expenses (Specify):	
Community Center Supplies	\$8,000
Staffing	\$39,000
Total:	\$75,000

CIP REQUESTS ONLY:

Lead-based pain assessment abatement

Construction/renovation

Consultant/professional services

Construction management

Other expenses (Specify):

TOTAL CDBG PROJECT BUDGET

\$ _____

Provide a listing of the specific tasks or activities needed to implement the proposed project. Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

[illegible]

Appendix E: Results of Prior Year Projects (maximum length: one page per project/year)

If your agency received federal funds in Fiscal Year 2016, 2017, or 2018, complete one copy of this appendix for each project for each year funded.

E.1. Agency name:

E.2. Project name:

E.3. Year of funding: ☐ Fiscal Year 2016/17 ☐ Fiscal Year 2017/18 ☐ Fiscal Year 2018/19

E.4. Indicate the source of the federal funding awarded to the prior project:

☐ CDBG

☐ HOPWA

☐ ESG

☐ HOME

☐ CDBG-R

☐ HPRP

☐ NSP

☐ Other (Indicate below):

E.5. Amount awarded:

E.6. Amount spent to date:

E.7. Amount reprogrammed to date:

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):

(1)

(2)

(3)

E.9. Indicate below the outcomes achieved:

(1)

(2)

(3)

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:

(Maximum length per project: one page)

E.1. Agency name	
------------------	--

E.2. Project name	
-------------------	--

E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2016/17	<input type="checkbox"/> Fiscal Year 2017/18	<input type="checkbox"/> Fiscal Year 2018/19
-----------------------	--	--	--

E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
----------------------	--	----------------------------	--

E.7. Amount reprogrammed to date:	
-----------------------------------	--

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
--

(Maximum length per project: one page)

E.1. Agency name	
------------------	--

E.2. Project name	
-------------------	--

E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2016/17	<input type="checkbox"/> Fiscal Year 2017/18	<input type="checkbox"/> Fiscal Year 2018/19
-----------------------	--	--	--

E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
----------------------	--	----------------------------	--

E.7. Amount reprogrammed to date:	
-----------------------------------	--

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
--	--

(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved:	
--	--

(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
--

Provide a roster of the members of your agency's Board of Directors:

Revised November 2018
Page 22 of 22

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 24 2008

LIFELINE COMMUNITY DEVELOPMENT
CORPORATION OF MERCED COUNTY
731 E YOSEMITE AVE STE B BOX 165
MERCED, CA 95340

Employer Identification Number:
74-3236209
DLN:
17053032324008
Contact Person:
VICTORIA LAHEY ID# 31304
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
October 1, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

LIFELINE COMMUNITY DEVELOPMENT

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi". The signature is stylized with a large, looping initial "R" and a cursive "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC
Statute Extension

Part X Public Charity Status (Continued)

- e** 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f** 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g** 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☒
- h** 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐
- i** A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☒

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

Monika Grasley
(Signature of Officer, Director, Trustee, or other authorized official)

Monika Grasley
(Type or print name of signer)
Director
(Type or print title or authority of signer)

1-22-08
(Date)

For IRS Use Only

Robert H. Choi
IRS Director, Exempt Organizations

MAR 24 2009
(Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐

- (i) (a)** Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. ☐
- (b)** Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐
- (ii) (a)** For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box. ☐
- (b)** For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☐

- 7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ Yes ☒ No

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

01 1 2007

Debra Bowen

DEBRA BOWEN
Secretary of State

OCT 01 2007

ARTICLES OF INCORPORATION
of
Lifeline Community Development Corporation of Merced County
A California Public Benefit Corporation

Article One

The name of this corporation is LifeLine Community Development Corporation of Merced County.

Article Two

This corporation is a NON-PROFIT PUBLIC BENEFIT CORPORATION and is not organized for the private gain of any person. It is organized under the Non-profit Public Benefit Law for charitable purposes. The specific purposes for which the corporation is organized are to provide resources to individuals, families, organizations and communities of Merced County through community based development projects that primarily benefit low-income individuals and communities.

Article Three

The name and address in the State of California of this corporation's initial agent for service of process is:

Monika Grasley

531 East 23rd Street

Merced, CA 95340-4032

Article Four

- (a) This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.
- (c) No substantial part of the activities of this corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of or in opposition to any candidate for public office.

Article Five

The names and addresses of the persons appointed to act as the initial Directors of this corporation are:

Name

Address

Monika Grasley

531 East 23rd St., Merced, CA 95340

Article Six

All corporate property is irrevocably dedicated to charitable purposes set forth in Article Two, above. No part of the net earnings of this corporation shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members, or to private persons.

On the dissolution or winding up of the corporation, after paying or adequately providing for the debts, obligations, and liabilities of the corporation, the remaining assets of this corporation shall be distributed to such organization (or organizations) organized and operated exclusively for charitable purposes, which has established its tax-exempt status under Section 501(c)(3) of the Code and which has established its tax-exempt status under Section 23701d of the California Revenue and Taxation Code.

Date: 9-24-2007
Monika Grasley
MONIKA GRASLEY, INCORPORATOR

I hereby declare that I am the person who executed the foregoing Articles of Incorporation which execution is my act and deed.

Date: 9-24-2007
Monika Grasley
MONIKA GRASLEY, INCORPORATOR



LifeLine CDC Organizational Chart

LifeLine CDC Board

Monika Grasley
Executive Director

Winton LifeLine Community Center
Marcella Moralez

Loughborough Community
Chanel Weaver

Collaborative Efforts

Coaching / Training
Around ABCD

UC Merced

Merced College

NGO Sector:
Churches, Service Clubs etc

Recidivism Work
PACT (Parole/Probation & Community
Team)
At risk youth engagement

CoC (Continuum of Care)

Public Sector:
HSA, Public Health, Behavioral
Health, etc

Meadows Community Center
Michael Haarmeyer



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

January 8, 2019

Merced County
2222 M ST
MERCED CA 95340-3729

Account Information:

Policy Holder Details :	LIFELINE COMMUNITY DEVELOPMENT CORP OF MERCED COUNTY
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Contact Us

Business Service Center

Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)

Phone: (877) 287-1316

Fax: (888) 443-6112

Email: agency.services@thehartford.com

Website: <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/08/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AP INTEGRO INSURANCE GROUP LLC 76250846 375 WOODCLIFF DRIVE STE 103 FAIRPORT NY14450	CONTACT NAME:	
	PHONE (877) 287-1316	FAX (888) 443-6112
	(A/C, No, Ext):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED LIFELINE COMMUNITY DEVELOPMENT CORP OF MERCED COUNTY 731 E YOSEMITE AVE # 165 MERCED CA 95340	INSURER A : Trumbull Insurance Company 27120	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			76 WEG AC2970	01/01/2019	01/01/2020	X PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		X				E.L. DISEASE -EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Blanket Waiver of Subrogation applies in favor of the Certificate Holder per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy.

CERTIFICATE HOLDER

MERCED COUNTY
2222 M ST
MERCED CA 95340-3729

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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 2017 calendar year, or tax year beginning <u>01/01</u> , 2017, and ending <u>12/31</u> , 20 <u>17</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>731 E Yosemite Ave Ste B 165</u> City or town, state or province, country, and ZIP or foreign postal code <u>Merced, CA, 95340</u> D Employer identification number <u>74-3236209</u> E Telephone number <u>209-201-2905</u> G Gross receipts \$ <u>265,059</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____ F Name and address of principal officer: <u>Monika Grasley</u> <u>531 E 23rd Street, Merced, CA 95340</u> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ <u>www.lifelinecdc.org</u> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation: <u>2007</u> M State of legal domicile: <u>CA</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>We exist to empower impoverished neighborhoods to thrive by using a strength based approach (Asset Based Community Development). We help under-resourced neighbors (Continued on Schedule O, Statement 2)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	234,916	256,809
	9	Program service revenue (Part VIII, line 2g)	0	8,250
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,916	265,059
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	177,448	207,325
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>12,959</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	49,408	58,081
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	226,856	265,406
19	Revenue less expenses. Subtract line 18 from line 12	8,060	-347	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	37,170	36,823
	21	Total liabilities (Part X, line 26)	26,000	15,000
	22	Net assets or fund balances. Subtract line 21 from line 20	11,170	21,823

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	Date		
	<u>Monika Grasley, Exec. Director</u>			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

We exist to empower impoverished neighborhoods to thrive by using Asset Based Community Development Principles and Practices. We strengthen communities by listening to their stories, learning about their dreams, coach and train them to work towards fulfillment of their personal and communal dreams. We believe that change comes from within the neighborhoods, but that people also need knowledge, social capital and access to the larger system of society to move towards wholeness.

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 45,052 including grants of \$) (Revenue \$ 8,250)

Coaching/Mentoring and Equipping - Using Asset Based Community Development (ABCD) principles and practices requires a major shift in understanding, from 'needs based programs' to 'strength based empowering relationships'. We train individuals, non-profits, and other groups in first considering the assets already present in a neighborhood: the people, the skills, resources and dreams. This is in contrast to needs based approaches commonly used to render services to the needy. The direction at the beginning determines the destination at the end. We focus on the local resources and build community and capacity, whereas a needs based approach can foster dependency and disincentivize initiative. The ABCD approach is well respected in community work, but when it comes to working out practices in the neighborhood, often workers fall back into familiar service/dependency models. Even programs nominally asset based often amount to little more than asking a neighbor 'what would you like us to provide for you?' We are changing the language and the principles by engaging neighbors from the beginning in their preferred future. An average of 30 hours is spent with people (or in preparation) to coach in ABCD. We also employ local neighbors through the 'welfare to work program' to give them the skills needed to be productive community members that see the value of using their gifts in the community.

4b (Code:) (Expenses \$ 64,277 including grants of \$) (Revenue \$ 0)

Winton LifeLine Community Center provides opportunities for community members to come together and share their resources. Winton is a small unincorporated externally 'under-resourced' town in Merced County, but despite the lack of resources, people are coming together to "Put Winton on the map for something good." The Center is staffed by community connectors and local community members, who often first volunteered and then went through 'welfare to work' programs to learn new skills and become employable in the future. There are also many volunteers learning new skills, sharing their gifts and helping each other to move forward. Some of the initiatives include: employment training in partnership with Human Service Agency and Workforce Investment, access to healthy foods and good overall health in partnership with the Public Health and Mental Health Departments. Language learning, civic engagement, a community garden, emergency food, computer access etc, all done by community members helping each other. This small center is the connecting point for community members to find resources, use computer, have deep conversations and learn from each other. Using ABCD principles they collaborate to build a strong resilient community. Every person has a voice and an opportunity to contribute back through various volunteer based programs. People move from isolation and despair to helping create a town that has good things to offer.

4c (Code:) (Expenses \$ 50,515 including grants of \$) (Revenue \$ 0)

Loughborough/Meadows Community Center - The Meadows apartments were at 'ground zero' for drugs and gangs in the Loughborough area in Merced, but this 100 unit low-income housing complex is becoming the center of community transformation. Here too, we are using ABCD principles to bring neighbors together to help each other, learn from each other and use their gifts and abilities. The center is open every afternoon for children to do their homework, learn new social skills and be in a safe environment. They continue to have a community garden for community members to partake of fresh fruits and vegetables. They started a new program for children 0-5 through a grant through First 5 to help with social, verbal, and fine motor skills for the children and offering parental support with workshops around stress management and the importance of self care. UC Merced Public Health students are doing their internship to learn to engage deeply with the community, and to help the young people dream about going to college and to learn new skills around health. Families have opportunities to engage with the community during various groups, access to the computer lab and various other events. Now the center is sharing their excitement of
(Continued on Schedule O, Statement 3)

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 4
(Expenses \$ 38,336 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **198,180**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	✓
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>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
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>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Laurell Uptegrove, (209)259-8950

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

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

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

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

Form **990** (2017)

[illegible]

d Total (add lines 1b and 1c)	18,462	0	0
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

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
None		

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
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 72,504				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 184,305				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f		256,809			
	Program Service Revenue	2a	Coaching / Training in ABCD	Business Code 900099	8,250	8,250	0
b							
c							
d							
e							
f		All other program service revenue .		0	0	0	0
g		Total. Add lines 2a-2f		8,250			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	0 0				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions.		265,059	8,250	0	0	

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	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	18,462	10,539	5,154	2,769
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	172,936	134,342	32,033	6,561
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	15,927	10,385	4,386	1,156
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	5,593	3,600	1,593	400
14 Information technology	5,633	2,688	1,769	1,176
15 Royalties	0	0	0	0
16 Occupancy	10,415	10,415	0	0
17 Travel	3,815	2,905	910	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	5,731	0	5,731	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	8,969	5,381	2,691	897
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Coaching & Training	4,347	4,347	0	0
b Winton Community Center	6,345	6,345	0	0
c Loughborough/Meadows	4,185	4,185	0	0
d Restore Merced	3,048	3,048	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	265,406	198,180	54,267	12,959
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	37,170	1	36,823
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
	11 Investments—publicly traded securities	0	11	
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,170	16	36,823	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	15,000	22	15,000
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	11,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	26,000	26	15,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	11,170	30	21,823
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	11,170	33	21,823
	34 Total liabilities and net assets/fund balances	37,170	34	36,823

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	265,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	265,406
3	Revenue less expenses. Subtract line 2 from line 1	3	-347
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,170
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,823

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED COUNTY

Employer identification number

74-3236209

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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,363	130,287	170,807	234,916	256,809	892,182
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					8,250	8,250
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	99,363	130,287	170,807	234,916	265,059	900,432
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.)						900,432

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	99,363	130,287	170,807	234,916	265,059	900,432
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.)	99,363	130,287	170,807	234,916	265,059	900,432
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %

- 19a 33¹/₃% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- b 33¹/₃% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

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

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

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

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.)

Area with horizontal dashed lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED COUNTY

Employer identification number

74-3236209

Form 990, Part III, Line 4d - Restore Merced - this partnership in downtown Merced is reaching out to the community by developing relationships, discovering people's assets and empower them to thrive. This is done through various initiatives including Job's for Life training, sports and after school mentoring program that develops deep relationships that further the wellbeing of the community. The Bus Boutique is a converted school bus that has slightly used clothing for people of all ages. It goes to various communities throughout Merced County. The BB creates opportunities for community members to work together as they donate, barter, organize, merchandize and maintain the Bus Boutique. PACT (Probation/Parole and Community Team) is a reentry assistance partnership that helps returning citizens to reenter successfully into Merced County.

Form 990, Part VI, Section B, Line 11b - The 990 report is sent to the Board members via email for review and receives final approval at the following board meeting.

Form 990, Part VI, Section B, Line 12a - Policies are produced, discussed and reviewed at board meetings and as necessary via email between meetings. The Conflict of Interest Policy is reviewed yearly and is on file.

Form 990, Part VI, Section B, Line 12c - Policies are introduced, discussed and reviewed at board meetings and as necessary via email between meetings. The Conflict of Interest Policy is reviewed yearly and is on file.

Form 990, Part VI, Section B, Line 15 - Compensation for the Executive Director and key employees is discussed yearly at the board meeting and the rate is set in view of comparable rates.

Form 990, Part VI, Section C, Line 19 - LifeLine CDC has it's 990 report filed with Guidestar.org and all documents can be obtained by request.

Form 990, Part XI, Line 9 - Forgiveness of loan of \$11,000 by Gateway Community Church.

Reasonable Cause Explanations

Explanation

I (Monika Grasley) encountered some health issues and had to be home for a period of time that I had designated to work on it. I am sorry, I should have planned better ahead.

Activity Or Mission Description

Description

work together to increase their resiliency and have tools and resources to flourish. We coach and train in ABCD principles and practices.

Third Program Service Accomplishments Description

Description

community engagement with neighboring low-income housing projects. Using their own gifts to share with others. The center is staffed by community connectors who worked initially with us through a 'welfare to work' program. This is a time for learning new skills, better the community and become more employable in the future.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Restore Merced - a partnership in Downtown Merced is reaching out to the community to develop relationships, develop people's assets and empower them to thrive. This is done through various initiatives including Job's for Life, sports and after school mentoring programs that develop deep relationships that further the wellbeing of the community.	37,836		0
	Bus Boutique - a converted school bus that has slightly used clothing for all ages and goes to various communities throughout Merced County. The bus creates opportunities for community members to work together as they donate, barter, organize, merchandize and maintain the Bus Boutique. The clothing is free, but community members are encouraged to help each other. This builds up the communities as they work together, learn new skills and empower each other. PACT (Probation and Community Team) - a reentry assistance partnership to help returning citizens to reenter successfully in the Merced community. It started as a result of seeing many of the low-income communities struggle with the 'revolving door' of people in and out of the justice system. We are helping break down some of the barriers through mentoring, classes, and collaborative efforts with probation, parole and other organizations.	500		0
Total:		38,336	0	0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**Open to Public Inspection**

A For the 2016 calendar year, or tax year beginning <u>01/01</u> , 2016, and ending <u>12/31</u> , 20 <u>16</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED</u>
	Doing business as _____
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>731 E Yosemite Ave Ste B 165</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Merced, CA, 95340</u>
	F Name and address of principal officer: <u>Monika Grasley</u> <u>531 E 23rd Street, Merced, CA 95340</u>
D Employer identification number <u>74-3236209</u>	
E Telephone number <u>209-201-2905</u>	
G Gross receipts \$ <u>234,916</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>www.lifelinecdc.org</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: <u>2007</u>	
M State of legal domicile: <u>CA</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>We exists to empower impoverished neighborhoods to thrive by using a strength based approach (Asset Based Community Development). We help (Continued on Schedule O, Statement 2)</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 8
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 11
	6	Total number of volunteers (estimate if necessary) 6 160
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 170,807 234,916
	9	Program service revenue (Part VIII, line 2g) 0 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 170,807 234,916
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 112,556 177,448
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,987
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 52,667 49,408
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 165,223 226,856
19	Revenue less expenses. Subtract line 18 from line 12 5,584 8,060	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 24,110 37,170
	21	Total liabilities (Part X, line 26) 21,000 26,000
	22	Net assets or fund balances. Subtract line 21 from line 20 3,110 11,170

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 _____		Date _____		
	<u>Monika Grasley, Exec. Director</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
	Firm's name ▶ _____			Firm's EIN ▶ _____	
	Firm's address ▶ _____			Phone no. _____	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1** Briefly describe the organization's mission:
We exist to empower impoverished neighborhoods to thrive by using Asset Based Community Development Principles and Practices. We strengthen communities by listening to their stories, learning about their dreams, coach and train them to work towards fulfillment of their personal and communal dreams. We believe that change comes from within the neighborhoods, but that people also need knowledge, social capital and access to the larger system of society to move towards wholeness.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **Yes** ☐ **No**
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 31,700 including grants of \$ 0) (Revenue \$ 0)
Coaching/Mentoring and Equipping - Using Asset Based Community Development (ABCD) principles and practices requires a major shift in understanding, from 'needs based programs' to 'strength based empowering relationships'. We train individuals, non-profits, and other groups in first considering the assets already present in a neighborhood: the people, the skills, resources and dreams. This is in contrast to needs based approaches commonly used to render services to the needy. The direction at the beginning determines the destination at the end. We focus on the local resources and build community and capacity, whereas a needs based approach can foster dependency and disincentivize initiative. The ABCD approach is well respected in community work, but when it comes to working out practices in the neighborhood, often workers fall back into familiar service/dependency models. Even programs nominally asset based often amount to little more than asking a neighbor 'what would you like us to provide for you?' We are changing the language and the principles by engaging neighbors from the beginning in their preferred future. An average of 30 hours is spent with people (or in preparation) to coach in ABCD. We also employ local neighbors through the 'welfare to work program' to give them the skills needed to be productive community members that see the value of using their gifts in community.

4b (Code:) (Expenses \$ 60,177 including grants of \$ 0) (Revenue \$ 0)
Winton LifeLine Community Center provides opportunities for community members to come together and share their resources. Winton is a small unincorporated externally 'under-resourced' town in Merced County, but despite the lack of resources, people are coming together to "Put Winton on the map for something good." the Center is staffed by community connectors, local community members, who often first volunteered and then went through 'welfare to work program' to learn new skills and become employable in the future. There are also many volunteers learning new skills, sharing their gifts and helping each other to move forward. Some of the initiatives include: employment training in partnership with Human Service Agency and Workforce Investment, access to healthy foods and good overall health in partnership with the Public Health and Mental Health Departments. Language learning, civic engagement, a community garden, emergency food, computer access etc, all done by community members helping each other. This small center is the connecting point for community members to find resources, use computer, have deep conversations and learn from each other. Using ABCD principles they collaborate to build a strong resilient community. Every person has a voice and an opportunity to contribute back through various volunteer based programs. People move from isolation and despair to helping create a town that has good things to offer.

4c (Code:) (Expenses \$ 41,130 including grants of \$ 0) (Revenue \$ 0)
The Meadows apartments were at 'ground zero' for drugs and gangs in the Loughborough area in Merced, but this 100 unit low-income housing complex is becoming the center of community transformation. Here too, we are using ABCD principles to bring neighbors together to help each other, learn from each other and use their gifts and abilities. The center is open every afternoon for children to do their homework, learn new social skills and be in a safe environment. They have started a community garden, have gone on trips to Yosemite and the beach and have seen new things beyond what they can imagine. UC Merced Public Health students are doing their internship to learn to engage deeply with the community, and to help the young people dream about going to college and to learn new skills around health. Families have opportunities to engage with the community during various groups, access to the computer lab and various other events. Now the center is sharing their excitement of community engagement with neighboring low-income housing projects. Using their own gifts to share with others. The center is staffed by community connectors who worked initially with us through a 'welfare to work' program. This is a time for learning new skills, better the community and become more employable in the future.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 3
 (Expenses \$ 35,947 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **168,954**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	✓
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>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
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>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c	
d	If "Yes," indicate the number of Forms 8822 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

Laurell Uptegrove, (209)259-8950

731 E Yosemite Ave Ste B 165, Merced, CA 95340

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

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

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

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

Form **990** (2016)

Part VII

1b	Sub-total	▶	40,000	0	0
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	40,000	0	0

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

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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
None		
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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 52,778					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 182,138					
	g	Noncash contributions included in lines 1a-1f: \$	0					
	h	Total. Add lines 1a-1f		234,916				
Program Service Revenue	Business Code							
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue .		0	0	0	0	
g	Total. Add lines 2a-2f		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0	0	0	0	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
			(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)		0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses	0	0				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)		0	0	0	0	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from fundraising events		0	0	0	0	
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from gaming activities		0	0	0	0	
	10a	Gross sales of inventory, less returns and allowances	a	0				
	b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0	0	0	0		
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions.		234,916	0	0	0		

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	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	40,000	12,000	22,000	6,000
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	122,365	103,728	17,306	1,331
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	15,083	11,113	3,352	618
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	6,926	4,946	1,455	525
14 Information technology	4,230	1,135	1,172	1,923
15 Royalties	0	0	0	0
16 Occupancy	10,567	10,567	0	0
17 Travel	947	497	450	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	6,942	5,172	1,180	590
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Winton Community Center</u>	7,659	7,659	0	0
b <u>Meadows Community Center</u>	5,118	5,118	0	0
c <u>Restore Merced</u>	3,913	3,913	0	0
d <u>Small Initiatives</u>	3,106	3,106	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	226,856	168,954	46,915	10,987
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	24,110	1	37,170
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,110	16	37,170	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	15,000
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	21,000	24	11,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	21,000	26	26,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	3,110	30	11,170
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	3,110	33	11,170
34 Total liabilities and net assets/fund balances	24,110	34	37,170	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	234,916
2	Total expenses (must equal Part IX, column (A), line 25)	2	226,856
3	Revenue less expenses. Subtract line 2 from line 1	3	8,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,110
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,170

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

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED COUNTY

Employer identification number

74-3236209

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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2016. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33⅓% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,911	99,363	130,287	170,807	234,916	720,284
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	84,911	99,363	130,287	170,807	234,916	720,284
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.)						720,284

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	84,911	99,363	130,287	170,807	234,916	720,284
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.)	84,911	99,363	130,287	170,807	234,916	720,284
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0 %

- 19a 33¹/₃% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☒
- b 33¹/₃% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

- 7** ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013 . . .			
c	Excess from 2014 . . .			
d	Excess from 2015 . . .			
e	Excess from 2016 . . .			

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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

Employer identification number

LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED COUNTY

74-3236209

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) James Grasley	Spouse of Exe		✓		15,000	15,000		✓	✓		✓	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$ 15,000						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

LIFELINE COMMUNITY DEVELOPMENT CORPORATION OF MERCED COUNTY

Employer identification number

74-3236209

Form 990, Part III, Line 2 - Restore Merced - a partnership in downtown Merced is reaching out to the community to develop relationships, develop people's assets and empower them to thrive. This is done through various initiatives including job's for life training, sports, health and fitness opportunities and deep relationships that further the wellbeing of the neighbors and their community.

Form 990, Part VI, Section B, Line 11b - The 990 report was reviewed during a board meeting and approved by all members.

Form 990, Part VI, Section B, Line 12a - Policies are introduced, discussed and reviewed at board meetings and as necessary via e-mail between meetings. The Conflict of Interest Policy is reviewed yearly and is on file.

Form 990, Part VI, Section B, Line 12c - Policies are introduced, discussed and reviewed at board meetings and as necessary via e-mail between meetings. The Conflict of Interest Policy is reviewed yearly and is on file.

Form 990, Part VI, Section B, Line 15 - Compensation for the Executive Director and key employees is discussed yearly at the board meeting and the rate is set in view of comparable rates.

Form 990, Part VI, Section C, Line 19 - LifeLine CDC has it's 990 reports filed with GuideStar.org and all documents can be obtained by request.

Reasonable Cause Explanations

Explanation

We request and were approved for a late filing. We upgraded our accounting software and it took longer than we expected.

Activity Or Mission Description

Description

under-resourced neighbors work together to increase their resiliency and have tools and resources to flourish. We coach and training in ABCD principles and practices.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Bus Boutique - a converted school bus that has slightly used clothing for all ages and goes to various communities throughout Merced County. The bus creates opportunities for community members to work together as they donate, barter, organize, merchandize and maintain the Bus Boutique. The clothing is free, but community members are encouraged to help each other. This builds up the communities they work together, learn new skills and empower each other. Expanding our programs: We encourage our community members to use their gifts in various ways, so they are reaching out to other neighborhoods and low-income areas to offer their help in starting community centers. There are small costs associated with it but it empowers to come together and work on a local solution. This often starts with some physical activities, health education, participatory research, a small community garden, story times for kids or various other projects bring community members together to discover what they care enough about to act upon. PACT (Probation and Community Team) - a reentry assistance partnership to help returning citizens to reenter successfully in the Merced community. It started as a result of seeing many of the low-income communities struggle with the 'revolving door' of people in and out of the justice system. We are helping break down some of the barriers through mentoring, classes, and collaborative efforts with probation, parole and other organizations.	10,071	0	0
	Restore Merced - a partnership in Downtown Merced is reaching out to the community to develop relationships, develop people's assets and empower them to thrive.	25,876	0	0
Total:		35,947	0	0