



A G E N D A

**March 22, 2018
2:00 p.m.**

Meeting will be held at:

***Workforce Assistance Center
Conference Room
2037 W. Cleveland Avenue
Madera, CA 93637
(559) 662-4589***

REASONABLE ACCOMMODATION FOR ANY INDIVIDUAL WITH A DISABILITY Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in a meeting or function of the Madera County Workforce Investment Corporation, may request assistance by contacting the Executive Assistant at Madera County Workforce Investment Corporation office, 2037 W. Cleveland Avenue, Madera, CA 93637; Telephone 559/662-4589; Fax 559/673-1794.

This agenda and supporting documents relating to the items on this agenda are available through the Madera County Workforce Investment Corporation (MCWIC) website at <http://www.maderaworkforce.org/mcwic-meetings-and-agenda/>. These documents are also available at the Madera County Workforce Assistance Center – office of the Executive Director.

1.0 Call to Order

1.1 Pledge of Allegiance

2.0 Additions to the Agenda

Items identified after preparation of the Agenda for which there is a need to take immediate action. Two-thirds vote required for consideration (Government Code Section 54954.2(b)(2))

3.0 Public Comment

This time is made available for comment from the public on matters within the Board's jurisdiction. The comment period will be limited to 15 minutes. Each speaker will be limited to 3 minutes and only one speaker per subject matter.

4.0 Introductions and Recognitions

5.0 Adoption of Board Agenda

6.0 Consent Calendar

6.1 Consideration of approval of the Madera County Workforce Investment Corporation (MCWIC) February 22, 2018 meeting minutes.

7.0 Action Items

7.1 Consideration of approval of the revised MCWIC non-exempt salary schedule to include the addition of the Account Clerk I classification.

7.2 Consideration of approval of the revised Operational Budget to include additional grant funds.

8.0 Information Items

- 8.1 MCWIC Year-to-Date Financial Reports Update
- 8.2 Grants/Projects Update
- 8.3 Workforce Development Board (WDB) of Madera County Update
- 8.4 Program Update
- 8.5 Form 990 Exempt Organization Tax Return Filing Update
- 8.6 Form 700 – due April 1, 2018

9.0 Closed Session

- 9.1 Request for Closed Session: Public Employee Performance Evaluation Pursuant to Government Code 54957 – Title of Position: MCWIC Executive Director

10.0 Written Communication

11.0 Open Discussion/Reports/Information

- 11.1 Committee Members
- 11.2 Staff

12.0 Next Meeting

April 26, 2018

13.0 Adjournment



MINUTES

February 22, 2018

***Convened at Madera County Workforce Assistance Center - Conference Room
2037 W. Cleveland Avenue, Madera, CA 93637
(559) 662-4589***

PRESENT: Debi Bray, Lindsay Callahan (1:39pm), Bob Carlson, Victor Gonzalez, Roger Leach, Mattie Mendez, Robyn Smith

ABSENT:

GUEST: Ken Price

OTHERS: Elaine Craig, Gail Lopez, Jessica Roche, Maiknue Vang, Nicki Martin, Tracie Scott-Contreras

1.0 Call to Order

Meeting called to order by Chair Debi Bray at 1:36 p.m.

1.1 Pledge of Allegiance

2.0 Additions to the Agenda

None.

3.0 Public Comment

None.

4.0 Introductions and Recognitions

None.

5.0 Adoption of Board Agenda

Bob Carlson moved to adopt the agenda, seconded by Robyn Smith.

Vote: Approved – Unanimous

Yes: Debi Bray, Lindsay Callahan, Bob Carlson, Victor Gonzalez, Roger Leach, Mattie Mendez, Robyn Smith

6.0 Consent Calendar

6.1 Consideration of approval of the Madera County Workforce Investment Corporation (MCWIC) January 25, 2018 meeting minutes.

Bob Carlson moved to approve, seconded by Robyn Smith.

Vote: Approved – Unanimous

Yes: Debi Bray, Lindsay Callahan, Bob Carlson, Victor Gonzalez, Roger Leach, Mattie Mendez, Robyn Smith

7.0 Action Items

None.

8.0 Information Items

None.

9.0 Closed Session

Public session closed and closed session opened at 1:39 p.m.

9.1 Request for Closed Session: Public Employee Performance Evaluation Pursuant to Government Code 54957 – Title of Position: MCWIC Executive Director

Public session opened at 3:02 p.m. - No reportable action taken.

10.0 Written Communication

None.

11.0 Open Discussion/Reports/Information

None.

12.0 Next Meeting

March 22, 2018

13.0 Adjournment

Roger Leach moved to adjourn, seconded by Bob Carlson. Meeting adjourned at 3:03 p.m.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION
 2037 W. Cleveland Avenue, Madera, CA 93637

NON-EXEMPT SALARY SCHEDULE

Review Date: 7/19/2017; 8/24/2017, 3/22/2017

<u>Job Title</u>	<u>Monthly Salary Range</u>		<u>Hourly Range</u>	
Workforce Assistant	\$ 1,787.00	to \$ 2,143.00	\$ 10.31	to \$ 12.36
Workforce Technician I	\$ 2,230.00	to \$ 2,524.00	\$ 12.87	to \$ 14.56
Workforce Technician II	\$ 2,575.00	to \$ 3,214.00	\$ 14.86	to \$ 18.54
Account Clerk I	\$ 2,630.00	To \$ 3,200.00	\$ 15.17	To \$ 18.46
Lead Workforce Technician	\$ 3,244.00	to \$ 3,296.00	\$ 18.72	to \$ 19.02
Accounting Technician III	\$ 3,181.00	to \$ 3,875.00	\$ 18.35	to \$ 22.36
Program Technician	\$ 3,276.00	to \$ 3,992.00	\$ 18.90	to \$ 23.03
Business Specialists	\$ 3,336.00	to \$ 4,068.00	\$ 19.25	to \$ 23.47
Career Specialists	\$ 3,336.00	to \$ 4,068.00	\$ 19.25	to \$ 23.47
Principal Accounting Technician	\$ 3,336.00	to \$ 4,068.00	\$ 19.25	to \$ 23.47
Executive Assistant - Confidential	\$ 4,278.00	to \$ 5,215.00	\$ 24.68	to \$ 30.09

**Above schedule reflects a Board approved 3% COLA increase on July 1, 2017*

Stipends for eligible Non-Exempt staff

	Annually
Bilingual Stipend – Oral only	\$ 600.00
Bilingual Stipend – Oral, Read Write	\$ 900. 00
Master Degree	\$ 1,000.00
Cellular Phone – text only	\$ 240.00
Cellular Phone – data and text	\$ 480.00

Longevity - Madera County Office of Education (MCOE) staff carried over on January 1, 2013 only

Longevity pay is equal to 5% of the employee's current salary for each longevity period, starting on the 8th year after hire date.

Example:

Starting Monthly Salary	Hire Date	8 th YR	Every 3 rd YR	Every 3 rd YR
		LONG 1	LONG 2	LONG 3
\$1,000	1/1/2000	2/1/2008	2/1/2011	2/1/2014
	5% increase	\$50.00	\$52.50	\$55.13
		\$1,050.00	\$1,102.50	\$1,157.63

Budget Revisions Pending Board Approval - Meeting 3/22/18

Account Code	Account Title	Budget Revisions -		Revised Budget
		Board Approved Budget 9.28.17	Pending Board Approval	
Revenue				
4000	Grant Revenue	3,366,429.00	38,296.73	3,404,726
4300	Other Income	527,735.00	293,812.20	821,547
Total Revenue		3,894,164.00	332,108.93	4,226,272.93
Expenditures				
5100	Staff Salaries	1,290,700	53,954.64	1,344,655
5111	Employer Medicare Expense	20,057	316.24	20,373
5112	Social Security Employer Exp	85,759	1,050.76	86,810
5115	CA Unemployment Insurance Exp	5,313	465.71	5,779
5116	CA Training Tax Expense	161	1.87	163
5120	Workers Compensation Expense	15,111	207.33	15,319
5130	Group Health Insurance Expense	112,441	642.68	113,084
5140	Employers 457 Expense	72,857	658.70	73,515
5160	Group Dental Insurance	11,596	346.06	11,942
5170	Group Vision Insurance	2,537	250.20	2,787
5180	Group Life Insurance	733	41.80	775
5200	Materials and Supplies	51,507	3,671.53	55,178
5300	Rent Expense	136,885	104,524.09	241,409
5320	Telephone Expense	4,212	2,213.16	6,425
5330	Utilities Expense	15,288	99,371.85	114,660
5400	Postage Expense		9.87	10
5410	Printing Expense	3,350	1,500.00	4,850
5420	Advertising Expense	33,500	0.00	33,500
5430	Bank Charges		0.00	-
5440	Dues and Membership Expense	8,530	3.95	8,534
5450	Publications Expense	49	0.00	49
5500	Auditing Fees	15,500	266.04	15,766
5510	Legal Fees	10,000	184.44	10,184
5520	Consulting Fees		14,538.73	14,539
5530	Taxes and Fees	340	6.72	347
5600	Office Equipment	10,000	171.44	10,171
5610	Equipment Maintenance	12,920	(5,778.91)	7,141
5620	Equipment Rental	4,484	6,777.54	11,262
5630	Software Expense	-	1,500.00	1,500
5631	Software Maintenance	4,660	1,580.01	6,240
5640	Internet Expense	6,146	93.12	6,239
5650	Computer Hardware	20,000	342.88	20,343
5700	Client Transportation Exp	35,000	0.00	35,000
5710	Employee Education Expense	5,249	89.64	5,339
5720	Staff Travel Expense	21,721	12,029.00	33,750
5730	Conference, Conventions & Meetings	1,870	7,097.92	8,968
5800	Subcontracted Program Services	1,132,793	(51,667.00)	1,081,126
5810	General Operating Services	161,431	18,319.99	179,751
5820	Facility Maintenance Services	2,134	1,919.12	4,053
5900	Insurance Expense	5,967	219.63	6,187
Total Expenditures		3,320,800.71	276,920.73	3,597,721.43
Rev less Exp		573,363.29	55,188.21	628,551.50

- * Adjustment to budget to include prior year training obligations (Adult/DW/Youth/DEA)
- * Hiring of Workforce Assistant - Adult Funding
- * Stanislaus Vet Contract - new contract
- * Merced Training Contract - new contract
- * Reduce Adult budget accordingly due to current staff FTE being allocated to Stanislaus Vet Contract, vs. Adult
- * Addition of all Facility Lease Budgets including EDD as of 11/1/17
- * DEA Ph II Budget Adjustment to Actual - Term 12.31.17
- * Budget Adjustments to general operations based on 6 month history to date
- * General Operations increase: Web Hosting, adjustments, increase in printing (logo changes), Software-Microsoft licenses

Budget Revisions Pending Board Approval - Meeting 3/22/18

Account Code	Account Title	Board Approved Budget 9.28.17	Merced Training Contract	Stanislaus Veap Contract	Partner Lease: EDD	Partner Lease: DSS	Partner Lease: CVOC	Partner Lease: DOR	Partner MOU: MAS	MCWIC Adult (adjust EDD only)	VEAP Adult (grant closed)	VEAP DW (grant closed)	VEAP Adult Budget Adj	5976 DEA Ph II	Youth	DW	Adult	General Ops	blank	Budget Revisions -	Revised Budget		
																				Pending Board Approval			
4000	Grant Revenue	3,366,429.00	26,137.00	57,491.00	0.00	0.00	0.00	0.00	0.00	0.00	(29,676.00)	(20,216.00)	0.00	4,560.73	0.00	0.00	0.00	0.00	0.00	0.00	38,296.73	3,404,726	
4300	Other Income	527,735.00	0.00		38,304.00	159,830.00	6,305.00	5,536.20	83,837.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	293,812.20	821,547	
Total Revenue		3,894,164.00	26,137.00	57,491.00	38,304.00	159,830.00	6,305.00	5,536.20	83,837.00	0.00	(29,676.00)	(20,216.00)	0.00	4,560.73	0.00	0.00	0.00	0.00	0.00	0.00	332,108.93	4,226,272.93	
Expenditures																							
5100	Staff Salaries	1,290,700	0.00	28,378.64	0.00	18,509.00	602.00	543.00	0.00	0.00	(1,683.00)		(1,683.00)				9,288.00				53,954.64	1,344,655	
5111	Employer Medicare Expense	20,057	0.00	233.60							(26.00)		(26.00)				134.64				316.24	20,373	
5112	Social Security Employer Exp	85,759	0.00	698.88							(112.00)		(112.00)				575.88				1,050.76	86,810	
5115	CA Unemployment Insurance Exp	5,313	0.00	61.75							(7.00)		(7.00)				417.96				465.71	5,779	
5116	CA Training Tax Expense	161	0.00	1.87																	1.87	163	
5120	Workers Compensation Expense	15,111	0.00	175.81							(20.00)		(20.00)				71.52				207.33	15,319	
5130	Group Health Insurance Expense	112,441	0.00	936.68							(147.00)		(147.00)								642.68	113,084	
5140	Employers 457 Expense	72,857	0.00	848.70							(95.00)		(95.00)								658.70	73,515	
5160	Group Dental Insurance	11,596	0.00	376.06							(15.00)		(15.00)								346.06	11,942	
5170	Group Vision Insurance	2,537	0.00	256.20							(3.00)		(3.00)								250.20	2,787	
5180	Group Life Insurance	733	0.00	43.80							(1.00)		(1.00)								41.80	775	
5200	Materials and Supplies	51,507	0.00	432.53	2,507.00	3,105.00	101.00	91.00	0.00	(2,507.00)	(29.00)		(29.00)								3,671.53	55,178	
5300	Rent Expense	136,885	0.00	2,466.09	18,315.00	96,449.00	3,135.00	2,830.00	0.00	(18,315.00)	(178.00)		(178.00)								104,524.09	241,409	
5320	Telephone Expense	4,212	0.00	83.16	383.00	2,015.00	66.00	59.00	0.00	(383.00)	(5.00)		(5.00)								2,213.16	6,425	
5330	Utilities Expense	15,288	0.00	201.85	2,395.00	22,912.00	1,818.00	757.00	73,723.00	(2,395.00)	(20.00)		(20.00)								99,371.85	114,660	
5400	Postage Expense		0.00	9.87																	9.87	10	
5410	Printing Expense	3,350	0.00	0.00																1,500.00	1,500.00	4,850	
5420	Advertising Expense	33,500	0.00	0.00																	0.00	33,500	
5430	Bank Charges		0.00	0.00																	0.00	-	
5440	Dues and Membership Expense	8,530	0.00	3.95																	3.95	8,534	
5450	Publications Expense	49	0.00	0.00																	0.00	49	
5500	Auditing Fees	15,500	0.00	306.04							(20.00)		(20.00)								266.04	15,766	
5510	Legal Fees	10,000	0.00	197.44							(13.00)		(13.00)					13.00			184.44	10,184	
5520	Consulting Fees		7,937.00	0.00										4,561.73	680.00	680.00	680.00				14,538.73	14,539	
5530	Taxes and Fees	340	0.00	6.72																	6.72	347	
5600	Office Equipment	10,000	0.00	197.44							(13.00)		(13.00)								171.44	10,171	
5610	Equipment Maintenance	12,920	0.00	255.09							(17.00)		(17.00)								(6,000.00)	(5,778.91)	7,141
5620	Equipment Rental	4,484	0.00	88.54	0.00	639.00	33.00	29.00	0.00		(6.00)		(6.00)								6,000.00	6,777.54	11,262
5630	Software Expense	-																		1,500.00	1,500.00	1,500	
5631	Software Maintenance	4,660	0.00	92.01							(6.00)		(6.00)								1,500.00	1,580.01	6,240
5640	Internet Expense	6,146	0.00	107.12							(7.00)		(7.00)								93.12	6,239	
5650	Computer Hardware	20,000	0.00	394.88							(26.00)		(26.00)								342.88	20,343	
5700	Client Transportation Exp	35,000	0.00	0.00																	0.00	35,000	
5710	Employee Education Expense	5,249	0.00	103.64							(7.00)		(7.00)								89.64	5,339	
5720	Staff Travel Expense	21,721	11,135.00	900.00							(3.00)		(3.00)								12,029.00	33,750	
5730	Meetings	1,870	7,065.00	36.92							(2.00)		(2.00)								7,097.92	8,968	
5800	Subcontracted Program Services	1,132,793	0.00	17,407.00							(27,078.00)	(20,216.00)	(47,294.00)		12,145.00	13,369.00					(51,667.00)	1,081,126	
5810	General Operating Services	161,431	0.00	1,910.99	1,011.00	14,697.00	501.00	452.00	5,844.00	(5,844.00)	(126)		(126.00)								18,319.99	179,751	
5820	Facility Maintenance Services	2,134	0.00	42.12	286.00	1,504.00	49.00	44.00	4,270.00	(4,270.00)	(3.00)		(3.00)								1,919.12	4,053	
5900	Insurance Expense	5,967	0.00	235.63							(8.00)		(8.00)								219.63	6,187	
Total Expenditures		3,320,800.71	26,137.00	57,491.00	24,897.00	159,830.00	6,305.00	4,805.00	83,837.00	(33,714.00)	(29,676.00)	(20,216.00)	(49,892.00)	4,561.73	12,825.00	14,049.00	11,168.00	4,513.00	0.00	0.00	276,920.73	3,597,721.43	
Rev less Exp		573,363.29	0.00	0.00	13,407.00	0.00	0.00	731.20	0.00	33,714.00	0.00	0.00	49,892.00	(1.00)	(12,825.00)	(14,049.00)	(11,168.00)	(4,513.00)	0.00	0.00	55,188.21	628,551.50	

* Adjustments to budget to include prior year training obligations (Adult/DW/Youth/DEA)
 * Hiring of Workforce Assistant - Adult Funding
 * Stanislaus Vet Contract - new contract
 * Merced Training Contract - new contract
 * Reduce Adult budget accordingly due to current staff FTE being allocated to Stanislaus Vet Contract, vs. Adult
 * Addition of all Facility Lease Budgets including EDD as of 11/1/17
 * DEA Ph II Budget Adjustment to Actual - Term 12.31.17
 * Budget Adjustments to general operations based on 6 month history to date
 * General Operations increase: Web Hosting, adjustments, increase in printing (logo changes), Software-Microsoft licenses



**MADERA COUNTY
WORKFORCE
INVESTMENT CORPORATION**

Agenda Item 8.1

Consent

Action

Information

To: Madera County Workforce Investment Corporation

From: Elaine Craig, Executive Director

Date: March 22, 2018

Subject: MCWIC Year-to-Date Financial Reports Update

Information:

Attached are the financial reports for the February, 2018 period end. The reports include corporations summarized Balance Sheet, Statement of Cash Flows, Revenues and Expense Report, MCWIC Recap Financial Report by Grant, and Bank Reconciliation summary sheets for both the main and payroll accounts.

Financing:

Workforce Innovation and Opportunity Act

Madera County Workforce Investment Corporation

Balance Sheet - Board Report FY 2017-2018

As of 2/28/2018

(In Whole Numbers)

	Current FY 2017-2018	Beginning Year Balance
Assets		
Cash		
Cash in BA - Main	130,108	86,051
Cash in BA - Payroll	7,788	72,349
Total Cash	137,896	158,401
Accounts Receivable	91,805	258,981
Prepaid Expenses	6,837	6,837
Fixed Assets		
Computer & Software	88,573	86,562
Office Equipment	16,089	16,089
Furniture & Fixtures	550	550
Accumulated Depreciation	(74,215)	(74,215)
Total Fixed Assets	30,997	28,986
Total Assets	267,535	453,204
Liabilities and Net Assets		
Accounts Payable		
COBRA Dental Payable	(133)	0
COBRA Vision Payable	(49)	0
Other	7,306	102,307
Total Accounts Payable	7,124	102,307
Employer Payroll, Taxes, Benefits Payable	10,450	9,181
Employee Payroll and Taxes	50,734	47,128
Vacation Payable	33,851	33,851
Workers Compensation Payable	427	381
Dependent Benefits Payable	(472)	31
Net Income and Expenditures		
Fund Balance	195,879	195,879
Net Assets - Capital Assets	64,448	64,448
Grant Revenue	1,324,689	0
Contribution Income	2,150	0
Other Income	190,137	0
Interest Revenue	1	0
Vacation	(34,988)	0
Software Maintenance	(4,659)	0
Computer Hardware	(4,172)	0
Other	(1,568,064)	0
Total Net Income and Expenditures	165,421	260,327
Total Liabilities and Net Assets	267,535	453,204

Madera County Workforce Investment Corporation
 Statement of Cash Flows - Board Report - Cash Flow
 As of 2/28/2018

	Current Month	Current Year 2017-2018
Cash Flows from Operating Activities		
Increase in Net Assets	(39,142.75)	(94,905.89)
Increase in accounts receivable		
Accounts Receivable	(31,542.17)	167,175.66
Total Increase in accounts receivable	(31,542.17)	167,175.66
Increase in accounts payable		
Accounts Payable	38,369.00	(95,000.22)
COBRA Dental Payable	222.15	(133.29)
COBRA Vision Payable	0.00	(48.88)
Total Increase in accounts payable	38,591.15	(95,182.39)
Increase in accrued payroll and related expenses		
FIT Withholding Payable EE	7.25	(324.34)
Medicare Withholding Payable EE	3.45	62.86
Medicare Payable ER	3.45	62.86
Social Security Tax Payable ER	14.84	268.80
SIT Withholding Payable EE	1.60	353.88
CA SDI Payable EE	1.20	89.02
CA SUI Payable ER	(1,182.95)	2,564.76
CA Training Tax Payable ER	(26.26)	(2,356.13)
Social Security Withholding Payable EE	14.84	268.81
Worker's Compensation Payable	(849.16)	45.82
457 Withholding Payable	176.65	728.80
Payroll Payable	34.17	3,156.34
Dependent Medical Payable	0.00	0.05
Dependent Dental Payable	0.08	(538.78)
Dependent Vision Payable	114.08	35.98
Total Increase in accrued payroll and related expenses	(1,686.76)	4,418.73
Total Cash Flows from Operating Activities	(33,780.53)	(18,493.89)
Cash Flows From Investing Activities:		
Purchase of property and equipment		
Computer & Software	0.00	(2,010.96)
Total Purchase of property and equipment	0.00	(2,010.96)
Total Cash Flows From Investing Activities:	0.00	(2,010.96)
Net Cash used in investing activities	0.00	(2,010.96)
Cash Flows from Financing Activities	(33,780.53)	(20,504.85)
Cash and Cash Equivalents at the Beginning of Year		
Cash in BA - Main	161,485.27	86,051.15
Cash in BA - Payroll	10,190.92	72,349.36
Total Cash and Cash Equivalents at the Beginning of Year	171,676.19	158,400.51
Cash and Cash Equivalents as of Current Period End Date	137,895.66	137,895.66

Madera County Workforce Investment Corporation
Statement of Revenues and Expenditures - MCWIC Board Report
From 7/1/2017 Through 2/28/2018
(In Whole Numbers)

	Total	WIOA Grants	Disability Employment Grants	Veterans Grant	Rapid Response Layoff Aversion	Dept. of Social Service Contracts
Operating Revenue						
Federal Revenue	1,324,689	1,047,483	246,855	5,963	2,210	0
Other Local & State Revenue	190,137	2,646	2,642	0	0	9,264
Other Income	2,151	0	0	0	0	0
Contribution In-Kind (Goods)	0	0	0	0	0	0
Total Operating Revenue	1,516,977	1,050,129	249,497	5,963	2,210	9,264
Total Revenue	1,516,977	1,050,129	249,497	5,963	2,210	9,264
Expenditures						
Salaries	(853,894)	(644,652)	(161,554)	(4,729)	(1,271)	(3,686)
Payroll Taxes	(83,845)	(64,009)	(15,547)	(425)	(157)	(381)
Benefits	(122,956)	(91,691)	(23,789)	(1,026)	(353)	(898)
Materials & Supplies	(36,410)	(26,170)	(5,714)	(19)	(41)	(204)
Advertising	(400)	0	(300)	0	0	(100)
Overhead/Operating Expenses	(314,030)	(144,302)	(30,463)	(1,190)	(636)	(3,644)
Client Program Contracts (SS, ITA, OJT, Contracts, etc.)	(200,348)	(155,029)	(28,392)	1,426	0	(9,978)
Total Expenditures	(1,611,883)	(1,125,854)	(265,759)	(5,963)	(2,458)	(18,892)
Net Revenue Over Expenditures	(94,906)	(75,725)	(16,262)	0	(248)	(9,628)
Fund Balance	229,730	(150)	860	0	0	53,009
Total Balance	134,824	(75,875)	(15,402)	0	(248)	43,381

Madera County Workforce Investment Corporation
 Statement of Revenues and Expenditures - MCWIC Board Report
 From 7/1/2017 Through 2/28/2018
 (In Whole Numbers)

	<u>Realignment Grants</u>	<u>CDBG</u>	<u>Foundation Grants</u>	<u>Unrestricted Corporate</u>
Operating Revenue				
Federal Revenue	0	0	0	22,178
Other Local & State Revenue	35,049	0	0	140,536
Other Income	0	0	0	2,151
Contribution In-Kind (Goods)	0	0	0	0
Total Operating Revenue	<u>35,049</u>	<u>0</u>	<u>0</u>	<u>164,865</u>
Total Revenue	<u>35,049</u>	<u>0</u>	<u>0</u>	<u>164,865</u>
Expenditures				
Salaries	(20,744)	0	0	(17,258)
Payroll Taxes	(1,996)	0	0	(1,329)
Benefits	(4,090)	0	0	(1,108)
Materials & Supplies	(1,916)	0	0	(2,346)
Advertising	0	0	0	0
Overhead/Operating Expenses	(9,111)	0	0	(124,684)
Client Program Contracts (SS, ITA, OJT, Contracts, etc.)	0	(7,945)	(430)	0
Total Expenditures	<u>(37,856)</u>	<u>(7,945)</u>	<u>(430)</u>	<u>(146,726)</u>
Net Revenue Over Expenditures	<u>(2,808)</u>	<u>(7,945)</u>	<u>(430)</u>	<u>18,140</u>
Fund Balance	31,456	0	38,587	105,968
Total Balance	<u>28,648</u>	<u>(7,945)</u>	<u>38,157</u>	<u>124,107</u>

Summary

Cash Account: 1010 Cash in BA - Main
Reconciliation ID: Bank Reconciliation for 1010 for February 2018
Reconciliation Date: 2/28/2018
Status: Open

Bank Balance	162,757.97
Less Outstanding Checks/Vouchers	32,698.45
Plus Deposits in Transit	0.00
Plus or Minus Other Cash Items	0.00
Plus or Minus Suspense Items	<u>0.00</u>
Reconciled Bank Balance	130,059.52
Balance Per Books	<u>130,059.52</u>
Unreconciled Difference	<u><u>0.00</u></u>



Click the Next Page toolbar button to view details.

Summary

Cash Account: 1020 Cash in BA - Payroll
Reconciliation ID: Bank Reconciliation for 1020 for 02/28/18
Reconciliation Date: 2/28/2018
Status: Open

Bank Balance	7,788.14
Less Outstanding Checks/Vouchers	0.00
Plus Deposits in Transit	0.00
Plus or Minus Other Cash Items	0.00
Plus or Minus Suspense Items	<u>0.00</u>
Reconciled Bank Balance	7,788.14
Balance Per Books	<u>7,788.14</u>
Unreconciled Difference	<u><u>0.00</u></u>

Click the Next Page toolbar button to view details.



AGENDA ITEM 8.1

MCWIC as of 2/28/18	WIA Adult #201 #202	WIA Dislocated Worker (DW) #501 #502	WIA Youth #301	WIA - Rapid Resp. (RR) #540 #541	Rapid Response Layoff Aversion
	5910	5930	5920	5932	5933
Current Available Funding					
FY 16-17 Carry Forward/Fund Balance	392,238.00	257,662.00	165,336.00	10,148.00	48,937.00
FY 17-18 Allocations/Contracts	726,491.00	600,864.00	717,894.00	167,054.00	28,434.00
FY 17-18 Reduction/Recession	(4,341.00)	(3,465.00)	0.00	(1,114.00)	(617.00)
FY 17-18 WIOA Transfers	150,000.00	(150,000.00)			
FY 17-18 Reserve for 18-19	(181,623.00)	(150,216.00)	(179,474.00)	0.00	0.00
FY 17-18 Sublease Contracts	0.00	0.00	0.00	0.00	0.00
Total Funding for FY 17-18	1,082,765.00	554,845.00	703,756.00	176,088.00	76,754.00
Expenditures					
5100 Staff Salaries	(298,325.08)	(78,973.90)	(177,979.31)	(62,479.84)	(1,226.51)
5105 Vacation	(11,993.42)	(4,176.90)	(6,169.41)	(2,220.48)	(44.42)
5111 Employer Medicare Expense	(4,779.71)	(1,283.25)	(2,809.78)	(995.06)	(19.31)
5112 Social Security Employer Exp	(20,437.32)	(5,486.95)	(12,014.36)	(4,255.08)	(82.51)
5115 CA Unemployment Insurance Exp	(3,341.87)	(654.78)	(1,476.62)	(358.18)	(41.72)
5116 CA Training Tax Expense	(74.95)	(14.66)	(33.30)	(8.27)	(0.92)
5120 Workers Compensation Expense	(2,722.34)	(720.63)	(1,628.80)	(631.47)	(12.67)
5130 Group Health Insurance Expense	(22,339.13)	(5,717.26)	(11,181.77)	(9,414.51)	(245.42)
5140 Employers 457 Expense	(17,684.51)	(4,832.07)	(10,643.76)	(3,771.08)	(72.18)
5160 Group Dental Insurance	(2,287.13)	(569.28)	(1,082.25)	(907.74)	(29.60)
5170 Group Vision Insurance	(474.40)	(113.75)	(234.62)	(178.53)	(6.03)
5180 Group Life Insurance	(43.80)	(2.59)	(41.10)	(32.01)	0.00
5200 Materials and Supplies	(2,241.54)	(648.98)	(1,473.33)	(380.72)	(13.14)
5210 Facility Materials and Supplies	(1.60)	(0.51)	(0.87)	0.00	0.00
5300 Rent Expense	(24,575.07)	(6,924.78)	(16,119.49)	(7,119.43)	(110.95)
5320 Telephone Expense	(1,598.91)	(413.22)	(891.26)	(413.36)	(7.03)
5330 Utilities Expense	(2,501.53)	(515.62)	(1,562.83)	(655.34)	(7.49)
5400 Postage Expense	(118.58)	(25.00)	(117.44)	(43.33)	(0.32)
5410 Printing Expense	(841.99)	(181.58)	(337.43)	(107.43)	(6.17)
5420 Advertising Expense	0.00	0.00	0.00	0.00	0.00
5430 Bank Charges	(19.14)	(5.14)	(11.17)	(4.80)	(0.08)
5440 Dues and Membership Expense	(1,351.17)	(1,171.62)	(1,148.10)	(552.63)	0.00
5450 Publications Expense	0.00	0.00	0.00	0.00	0.00
5500 Auditing Fees	(3,430.93)	(1,139.00)	(12.96)	(3,244.03)	(346.63)
5510 Legal Fees	(546.45)	(122.57)	(249.21)	(188.81)	(3.39)
5520 Consulting Fees	(2,019.89)	(1,124.29)	(1,210.62)	(736.38)	(0.61)
5530 Taxes and Fees	(54.61)	(18.35)	(3.83)	(42.88)	(4.33)
5600 Office Equipment	(65.57)	(20.69)	(21.18)	(26.80)	(0.66)
5610 Equipment Maintenance	1,249.06	315.21	131.38	50.17	2.22
5620 Equipment Rental	(2,388.47)	(665.59)	(1,068.71)	(469.37)	(11.99)
5630 Software Expense	(9.65)	(2.70)	(4.51)	(389.99)	0.00
5631 Software Maintenance	(830.74)	(388.13)	(666.43)	0.00	0.00
5640 Internet Expense	(1,424.69)	(385.34)	(807.05)	(827.13)	(6.15)
5650 Computer Hardware	(971.25)	(346.36)	(294.67)	(187.87)	(20.07)
5700 Client Transportation Assistance Expense	(2,624.00)	(3,586.00)	(496.00)	0.00	0.00
5710 Employee Education Expense	(242.69)	(56.94)	(79.80)	(70.99)	(3.00)
5720 Staff Travel Expense	(1,115.78)	(269.71)	(921.60)	(608.70)	(7.36)
5730 Conference, Conventions & Meetings	(225.61)	(26.82)	(91.03)	(1,327.12)	(10.75)
5800 Subcontracted Program Services	(47,709.19)	(26,420.22)	(63,748.45)	0.00	0.00
5810 General Outside Services	(18,900.53)	(5,124.58)	(9,329.71)	(5,178.60)	(117.00)
5820 Facility Maintenance Services	(81.89)	(23.46)	(33.71)	(8.03)	(0.24)
5900 Insurance Expense	(1,891.03)	(533.73)	(891.76)	(235.53)	(1.51)
5980 Fixed Assets - Expense Offset	0.00	0.00	0.00	0.00	0.00
Total Expenditures	(501,037.10)	(152,371.74)	(326,747.85)	(108,021.35)	(2,457.94)
Unliquidated Obligations					
Basic/Individualized Obligations	66,026.49	21,557.56	30,265.56	22,081.55	0.00
Training Services Obligations	27,111.00	21,124.00	26,687.00	0.00	1,043.00
Other Obligations	4,245.00	1,362.00	1,710.00	0.00	0.00
Total Unliquidated Obligations	97,382.49	44,043.56	58,662.56	22,081.55	1,043.00
FY Allocation Balance (less reserve for 18-19)	484,345.41	358,429.70	318,345.59	45,985.10	73,253.06

Summary Information	WIA Adult #201 #202	WIA Dislocated Worker (DW) #501 #502	WIA Youth #301	WIA - Rapid Resp. (RR) #540 #541	Rapid Response Layoff Aversion
Total Funding for FY 17-18	1,082,765.00	554,845.00	703,756.00	176,088.00	76,754.00
Total Expenditures	(501,037.10)	(152,371.74)	(326,747.85)	(108,021.35)	(2,457.94)
Total Unliquidated Obligations	(97,382.49)	(44,043.56)	(58,662.56)	(22,081.55)	(1,043.00)
Training Available Balance	(88,068.33)	(103,844.85)	(60,426.25)	0.00	(18,956.90)
Projected Staff Costs	(139,802.24)	(41,155.68)	(67,127.60)	(58,159.68)	(780.40)
FY Year End Balance June 30, 2018	256,474.84	213,429.17	190,791.74	(12,174.58)	53,515.76
Revenue and Expenditures (FY 17-18)	WIA Adult #201 #202	WIA Dislocated Worker (DW) #501 #502	WIA Youth #301	WIA - Rapid Resp. (RR) #540 #541	Rapid Response Layoff Aversion
Federal Revenue	469,985.50	142,748.13	308,428.12	94,145.46	2,210.00
Other Local & State Revenue	0.00	0.00	0.00	0.00	0.00
Other Income	0.00	0.00	0.00	0.00	0.00
Total Revenue	469,985.50	142,748.13	308,428.12	94,145.46	2,210.00
Total Expenditures	(501,037.10)	(152,371.74)	(326,747.85)	(108,021.35)	(2,457.94)
Balance Revenue less Expenditures*	(31,051.60)	(9,623.61)	(18,319.73)	(13,875.89)	(247.94)

*Note: MCWIC operates under the accrual basis of accounting, and therefore expenditures and revenue are accounted for in the period they occur/earned, not when cash is paid.

MCWC as of 2/28/18	WIOA High Performing Board #1080	DEA Phase II #1064	DEA Phase III #1103	WP DEI Rnd 7	VEAP Grant 1065 Adult
	5914	5976	5980	5978	5977
Current Available Funding					
FY 16-17 Carry Forward/Fund Balance	1,257.82	31,544.73	275,000.00	7,220.85	74,068.82
FY 17-18 Allocations/Contracts	0.00	0.00		0.00	0.00
FY 17-18 Reduction/Recession					(68,105.57)
FY 17-18 WIOA Transfers					
FY 17-18 Reserve for 18-19	0.00	0.00	(34,670.89)	0.00	0.00
FY 17-18 Sublease Contracts	0.00	0.00	0.00	0.00	0.00
Total Funding for FY 17-18	1,257.82	31,544.73	240,329.11	7,220.85	5,963.25
Expenditures					
5100 Staff Salaries	0.00	(14,511.49)	(53,087.13)	0.00	(4,627.34)
5105 Vacation	0.00	(1,032.27)	(670.21)	0.00	(101.32)
5111 Employer Medicare Expense	0.00	(208.09)	(854.25)	0.00	(72.46)
5112 Social Security Employer Exp	0.00	(889.64)	(3,652.73)	0.00	(309.77)
5115 CA Unemployment Insurance Exp	0.00	(15.65)	(416.50)	0.00	(5.67)
5116 CA Training Tax Expense	0.00	(0.43)	(9.40)	0.00	(0.15)
5120 Workers Compensation Expense	0.00	(115.44)	(540.78)	0.00	(36.82)
5130 Group Health Insurance Expense	0.00	(1,606.47)	(4,415.68)	0.00	(672.84)
5140 Employers 457 Expense	0.00	(784.32)	(3,157.70)	0.00	(273.81)
5160 Group Dental Insurance	0.00	(141.86)	(439.42)	0.00	(60.51)
5170 Group Vision Insurance	0.00	(32.98)	(78.10)	0.00	(14.04)
5180 Group Life Insurance	0.00	(12.39)	(4.83)	0.00	(5.25)
5200 Materials and Supplies	(1,257.82)	(43.33)	(343.80)	0.00	(18.15)
5210 Facility Materials and Supplies	0.00	0.00	(0.40)	0.00	0.00
5300 Rent Expense	0.00	(1,680.47)	(4,462.97)	0.00	(648.64)
5320 Telephone Expense	0.00	(71.54)	(307.46)	0.00	(27.85)
5330 Utilities Expense	0.00	(145.76)	(454.53)	0.00	(54.67)
5400 Postage Expense	0.00	(1.97)	(41.03)	0.00	(0.53)
5410 Printing Expense	0.00	0.00	(175.16)	0.00	0.00
5420 Advertising Expense	0.00	0.00	(300.00)	0.00	0.00
5430 Bank Charges	0.00	(0.86)	(3.56)	0.00	(0.35)
5440 Dues and Membership Expense	0.00	0.00	(201.44)	0.00	0.00
5450 Publications Expense	0.00	0.00	(125.00)	0.00	0.00
5500 Auditing Fees	0.00	0.00	(503.37)	0.00	0.00
5510 Legal Fees	0.00	0.00	(146.71)	0.00	0.00
5520 Consulting Fees	0.00	(2,666.21)	(311.09)	0.00	0.00
5530 Taxes and Fees	0.00	(0.08)	(8.86)	0.00	(0.04)
5600 Office Equipment	0.00	0.00	(27.52)	0.00	0.00
5610 Equipment Maintenance	0.00	17.95	(34.61)	0.00	(22.32)
5620 Equipment Rental	0.00	(43.35)	(507.46)	0.00	(15.55)
5630 Software Expense	0.00	0.00	(1.73)	0.00	0.00
5631 Software Maintenance	0.00	0.00	(200.36)	0.00	0.00
5640 Internet Expense	0.00	(59.65)	(280.87)	0.00	(23.88)
5650 Computer Hardware	0.00	0.00	(152.70)	0.00	0.00
5700 Client Transportation Assistance Expense	0.00	(184.00)	0.00	0.00	0.00
5710 Employee Education Expense	0.00	0.00	(70.32)	0.00	0.00
5720 Staff Travel Expense	0.00	(147.08)	(684.19)	(3,416.48)	(66.05)
5730 Conference, Conventions & Meetings	0.00	(12.76)	(30.35)	0.00	(3.46)
5800 Subcontracted Program Services	0.00	(5,762.28)	(1,595.31)	0.00	1,425.66
5810 General Outside Services	0.00	(1,392.31)	(4,134.24)	0.00	(307.44)
5820 Facility Maintenance Services	0.00	0.00	(18.34)	0.00	0.00
5900 Insurance Expense	0.00	0.00	(335.15)	0.00	0.00
5980 Fixed Assets - Expense Offset	0.00	0.00	0.00	0.00	0.00
Total Expenditures	(1,257.82)	(31,544.73)	(82,785.26)	(3,416.48)	(5,963.25)
Unliquidated Obligations					
Basic/Individualized Obligations	0.00	0.00	16,180.16	0.00	0.00
Training Services Obligations	0.00	0.00	1,445.00	0.00	0.00
Other Obligations	0.00	0.00	1,100.00	0.00	0.00
Total Unliquidated Obligations	0.00	0.00	18,725.16	0.00	0.00
FY Allocation Balance (less reserve for 18-19)	0.00	0.00	138,818.69	3,804.37	0.00

Summary Information	WIOA High Performing Board #1080	DEA Phase II #1064	DEA Phase III #1103	WP DEI Rnd 7	VEAP Grant 1065 Adult
Total Funding for FY 17-18	1,257.82	31,544.73	240,329.11	7,220.85	5,963.25
Total Expenditures	(1,257.82)	(31,544.73)	(82,785.26)	(3,416.48)	(5,963.25)
Total Unliquidated Obligations	0.00	0.00	(18,725.16)	0.00	0.00
Training Available Balance	0.00	0.00	(70,388.16)	0.00	0.00
Projected Staff Costs	0.00	0.00	(44,867.60)	0.00	0.00
FY Year End Balance June 30, 2018	0.00	0.00	23,562.93	3,804.37	0.00

Revenue and Expenditures (FY 17-18)	WIOA High Performing Board #1080	DEA Phase II #1064	DEA Phase III #1103	WP DEI Rnd 7	VEAP Grant 1065 Adult
Federal Revenue	1,257.82	31,544.73	71,949.03	0.00	5,963.25
Other Local & State Revenue	0.00	0.00	0.00	2,641.76	0.00
Other Income	0.00	0.00	0.00	0.00	0.00
Total Revenue	1,257.82	31,544.73	71,949.03	2,641.76	5,963.25
Total Expenditures	(1,257.82)	(31,544.73)	(82,785.26)	(3,416.48)	(5,963.25)
Balance Revenue less Expenditures*	0.00	0.00	(10,836.23)	(774.72)	0.00

*Note: MCWC operates under the accrual basis of accounting.

MCWC as of 2/28/18	VEAP Grant 1066 DW	ELL Navigator	Stanislaus VEAP Contract	CalJobs Vos Enhancement	MCDC Realignment Services - Post Release (probation) 5972
Current Available Funding	5982	5979	5984	5981	
FY 16-17 Carry Forward/Fund Balance	95,728.00	498,455.21	57,491.00		
FY 17-18 Allocations/Contracts	0.00	0.00		3,000.00	26,580.00
FY 17-18 Reduction/Recession	(86,585.00)				
FY 17-18 WIOA Transfers					
FY 17-18 Reserve for 18-19	0.00	(38,188.00)	0.00	0.00	0.00
FY 17-18 Sublease Contracts	0.00	0.00	0.00	0.00	0.00
Total Funding for FY 17-18	9,143.00	460,267.21	57,491.00	3,000.00	26,580.00
Expenditures					
5100 Staff Salaries	0.00	(92,058.32)	(850.00)	0.00	(9,996.23)
5105 Vacation	0.00	(194.17)	(7.10)	0.00	16.84
5111 Employer Medicare Expense	0.00	(1,408.90)	(13.17)	0.00	(152.43)
5112 Social Security Employer Exp	0.00	(6,023.88)	(56.31)	0.00	(651.78)
5115 CA Unemployment Insurance Exp	0.00	(689.22)	(1.75)	0.00	(53.52)
5116 CA Training Tax Expense	0.00	(16.83)	(0.04)	0.00	(1.24)
5120 Workers Compensation Expense	0.00	(705.30)	(12.87)	0.00	(84.56)
5130 Group Health Insurance Expense	0.00	(8,507.56)	0.00	0.00	(1,555.36)
5140 Employers 457 Expense	0.00	(3,599.41)	(51.39)	0.00	(441.69)
5160 Group Dental Insurance	0.00	(799.75)	0.00	0.00	(149.88)
5170 Group Vision Insurance	0.00	(175.10)	0.00	0.00	(32.98)
5180 Group Life Insurance	0.00	(33.49)	0.00	0.00	(3.03)
5200 Materials and Supplies	0.00	(760.04)	(0.04)	0.00	(74.29)
5210 Facility Materials and Supplies	0.00	(0.92)	0.00	0.00	(0.17)
5300 Rent Expense	0.00	(625.52)	(71.31)	0.00	(1,458.86)
5320 Telephone Expense	0.00	(182.18)	(2.96)	0.00	(77.02)
5330 Utilities Expense	0.00	(816.42)	(5.16)	0.00	(143.11)
5400 Postage Expense	0.00	(14.60)	(2.83)	0.00	(4.19)
5410 Printing Expense	0.00	(225.00)	0.00	0.00	(29.19)
5420 Advertising Expense	0.00	0.00	0.00	0.00	0.00
5430 Bank Charges	0.00	0.00	(0.06)	0.00	(0.87)
5440 Dues and Membership Expense	0.00	(83.76)	0.00	0.00	(28.60)
5450 Publications Expense	0.00	0.00	0.00	0.00	0.00
5500 Auditing Fees	0.00	(774.07)	0.00	0.00	(493.87)
5510 Legal Fees	0.00	(21.61)	(8.08)	0.00	(18.36)
5520 Consulting Fees	0.00	(441.05)	0.00	0.00	(57.65)
5530 Taxes and Fees	0.00	(11.51)	0.00	0.00	(6.40)
5600 Office Equipment	0.00	(11.88)	0.00	0.00	(1.23)
5610 Equipment Maintenance	0.00	31.61	0.00	0.00	(492.34)
5620 Equipment Rental	0.00	(322.62)	(4.55)	0.00	(72.79)
5630 Software Expense	0.00	0.00	0.00	0.00	(0.13)
5631 Software Maintenance	0.00	(488.92)	0.00	0.00	(946.70)
5640 Internet Expense	0.00	(13.87)	(3.79)	0.00	(61.67)
5650 Computer Hardware	0.00	(87.23)	0.00	(2,040.28)	(28.60)
5700 Client Transportation Assistance Expense	0.00	0.00	0.00	0.00	0.00
5710 Employee Education Expense	0.00	(41.61)	0.00	0.00	(4.76)
5720 Staff Travel Expense	0.00	(2,977.98)	(6.42)	0.00	(41.75)
5730 Conference, Conventions & Meetings	0.00	(293.00)	0.00	0.00	(20.00)
5800 Subcontracted Program Services	(9,143.00)	(20,850.70)	(1,302.00)	0.00	0.00
5810 General Outside Services	0.00	(4,760.83)	(0.36)	0.00	(981.87)
5820 Facility Maintenance Services	0.00	(27.05)	0.00	0.00	(3.75)
5900 Insurance Expense	0.00	0.00	0.00	0.00	(25.79)
5980 Fixed Assets - Expense Offset	0.00	0.00	0.00	0.00	0.00
Total Expenditures	(9,143.00)	(148,012.69)	(2,400.19)	(2,040.28)	(18,179.82)
Unliquidated Obligations					
Basic/Individualized Obligations	0.00	210,036.31	0.00	960.00	714.40
Training Services Obligations	0.00	16,990.00	0.00	0.00	0.00
Other Obligations	0.00	540.00	0.00	0.00	0.00
Total Unliquidated Obligations	0.00	227,566.31	0.00	960.00	714.40
FY Allocation Balance (less reserve for 18-19)	0.00	84,688.21	55,090.81	(0.28)	7,685.78

Summary Information	VEAP Grant 1066 DW	ELL Navigator	Stanislaus VEAP Contract	CalJobs Vos Enhancement	MCDC Realignment Services - Post Release (probation)
Total Funding for FY 17-18	9,143.00	460,267.21	57,491.00	3,000.00	26,580.00
Total Expenditures	(9,143.00)	(148,012.69)	(2,400.19)	(2,040.28)	(18,179.82)
Total Unliquidated Obligations	0.00	(227,566.31)	0.00	(960.00)	(714.40)
Training Available Balance	0.00	(40,220.28)	(17,407.00)	0.00	0.00
Projected Staff Costs	0.00	(18,652.08)	0.00	0.00	(1,981.04)
FY Year End Balance June 30, 2018	0.00	25,815.85	37,683.81	(0.28)	5,704.74
Revenue and Expenditures (FY 17-18)	VEAP Grant 1066 DW	ELL Navigator	Stanislaus VEAP Contract	CalJobs Vos Enhancement	MCDC Realignment Services - Post Release (probation)
Federal Revenue	9,143.00	143,361.46	1,308.42	2,040.28	0.00
Other Local & State Revenue	0.00	0.00	0.00	0.00	17,377.30
Other Income	0.00	0.00	0.00	0.00	0.00
Total Revenue	9,143.00	143,361.46	1,308.42	2,040.28	17,377.30
Total Expenditures	(9,143.00)	(148,012.69)	(2,400.19)	(2,040.28)	(18,179.82)
Balance Revenue less Expenditures*	0.00	(4,651.23)	(1,091.77)	0.00	(802.52)

*Note: MCWC operates under the accrual basis of accounting,

MCWIC as of 2/28/18	MCDC Realignment Services- In Custody 5973	WAF 6.0 ARIA Ex-Offender Grant	Merced County WIOA Regional Training and Planning Contract #1 5983	Merced County WIOA Regional Training and Planning Contract #2 5985	Merced County WIOA Regional Training and Planning Contract #3 5987
Current Available Funding					
FY 16-17 Carry Forward/Fund Balance			8,994.00	17,143.00	10,000.00
FY 17-18 Allocations/Contracts	56,000.00	150,000.00			
FY 17-18 Reduction/Recession					
FY 17-18 WIOA Transfers					
FY 17-18 Reserve for 18-19	0.00	0.00	0.00	0.00	0.00
FY 17-18 Sublease Contracts	0.00	0.00	0.00	0.00	0.00
Total Funding for FY 17-18	56,000.00	150,000.00	8,994.00	17,143.00	10,000.00
Expenditures					
5100 Staff Salaries	(10,733.61)	(1,476.30)	0.00	0.00	0.00
5105 Vacation	(31.49)	0.00	0.00	0.00	0.00
5111 Employer Medicare Expense	(158.92)	(22.69)	0.00	0.00	0.00
5112 Social Security Employer Exp	(679.64)	(97.01)	0.00	0.00	0.00
5115 CA Unemployment Insurance Exp	(105.68)	(62.66)	0.00	0.00	0.00
5116 CA Training Tax Expense	(2.40)	(1.39)	0.00	0.00	0.00
5120 Workers Compensation Expense	(105.85)	(13.88)	0.00	0.00	0.00
5130 Group Health Insurance Expense	(1,489.96)	0.00	0.00	0.00	0.00
5140 Employers 457 Expense	(221.59)	(88.47)	0.00	0.00	0.00
5160 Group Dental Insurance	(157.49)	0.00	0.00	0.00	0.00
5170 Group Vision Insurance	(32.60)	0.00	0.00	0.00	0.00
5180 Group Life Insurance	(5.30)	0.00	0.00	0.00	0.00
5200 Materials and Supplies	(174.57)	0.00	0.00	0.00	0.00
5210 Facility Materials and Supplies	(0.13)	0.00	0.00	0.00	0.00
5300 Rent Expense	(1,472.56)	0.00	0.00	0.00	0.00
5320 Telephone Expense	(76.44)	0.00	0.00	0.00	0.00
5330 Utilities Expense	(138.24)	0.00	0.00	0.00	0.00
5400 Postage Expense	(5.73)	0.00	0.00	0.00	0.00
5410 Printing Expense	(1,448.12)	0.00	0.00	0.00	0.00
5420 Advertising Expense	0.00	0.00	0.00	0.00	0.00
5430 Bank Charges	(0.89)	0.00	0.00	0.00	0.00
5440 Dues and Membership Expense	(8.71)	0.00	0.00	0.00	0.00
5450 Publications Expense	0.00	0.00	0.00	0.00	0.00
5500 Auditing Fees	(197.02)	0.00	0.00	0.00	0.00
5510 Legal Fees	(17.49)	0.00	0.00	0.00	0.00
5520 Consulting Fees	(39.91)	0.00	0.00	(5,100.00)	0.00
5530 Taxes and Fees	(2.51)	0.00	0.00	0.00	0.00
5600 Office Equipment	(3.04)	0.00	0.00	0.00	0.00
5610 Equipment Maintenance	(176.41)	0.00	0.00	0.00	0.00
5620 Equipment Rental	(67.64)	0.00	0.00	0.00	0.00
5630 Software Expense	(0.01)	0.00	0.00	0.00	0.00
5631 Software Maintenance	(808.55)	0.00	0.00	0.00	0.00
5640 Internet Expense	(65.22)	0.00	(35.00)	0.00	0.00
5650 Computer Hardware	(11.41)	0.00	0.00	0.00	0.00
5700 Client Transportation Assistance Expense	0.00	0.00	0.00	0.00	0.00
5710 Employee Education Expense	(12.04)	0.00	0.00	0.00	0.00
5720 Staff Travel Expense	(138.90)	0.00	(3,618.73)	(5,207.83)	0.00
5730 Conference, Conventions & Meetings	(45.86)	0.00	(3,880.00)	(2,400.00)	0.00
5800 Subcontracted Program Services	0.00	0.00	0.00	0.00	0.00
5810 General Outside Services	(1,034.41)	0.00	(830.30)	0.00	0.00
5820 Facility Maintenance Services	(3.39)	0.00	0.00	0.00	0.00
5900 Insurance Expense	(2.91)	0.00	0.00	0.00	0.00
5980 Fixed Assets - Expense Offset	0.00	0.00	0.00	0.00	0.00
Total Expenditures	(19,676.64)	(1,762.40)	(8,364.03)	(12,707.83)	0.00
Unliquidated Obligations					
Basic/Individualized Obligations	1,682.08	0.00	0.00	0.00	0.00
Training Services Obligations	0.00	0.00	0.00	0.00	0.00
Other Obligations	0.00	0.00	0.00	0.00	0.00
Total Unliquidated Obligations	1,682.08	0.00	0.00	0.00	0.00
FY Allocation Balance (less reserve for 18-19)	34,641.28	148,237.60	629.97	4,435.17	10,000.00

Summary Information	MCDC Realignment Services- In Custody	WAF 6.0 ARIA Ex-Offender Grant	Merced County WIOA Regional Training and Planning Contract #1	Merced County WIOA Regional Training and Planning Contract #2	Merced County WIOA Regional Training and Planning Contract #3
Total Funding for FY 17-18	56,000.00	150,000.00	8,994.00	17,143.00	10,000.00
Total Expenditures	(19,676.64)	(1,762.40)	(8,364.03)	(12,707.83)	0.00
Total Unliquidated Obligations	(1,682.08)	0.00	0.00	0.00	0.00
Training Available Balance	0.00	0.00	0.00	0.00	0.00
Projected Staff Costs	(4,664.40)	(0.01)	0.00	0.00	0.00
FY Year End Balance June 30, 2018	29,976.88	148,237.59	629.97	4,435.17	10,000.00
Revenue and Expenditures (FY 17-18)	MCDC Realignment Services- In Custody	WAF 6.0 ARIA Ex-Offender Grant	Merced County WIOA Regional Training and Planning Contract #1	Merced County WIOA Regional Training and Planning Contract #2	Merced County WIOA Regional Training and Planning Contract #3
Federal Revenue	0.00	0.00	5,718.25	12,707.83	0.00
Other Local & State Revenue	17,671.60	0.00	2,645.79	0.00	0.00
Other Income	0.00	0.00	0.00	0.00	0.00
Total Revenue	17,671.60	0.00	8,364.04	12,707.83	0.00
Total Expenditures	(19,676.64)	(1,762.40)	(8,364.03)	(12,707.83)	0.00
Balance Revenue less Expenditures*	(2,005.04)	(1,762.40)	0.01	0.00	0.00

*Note: MCWIC operates under the accrual basis of accounting.

MCWIC as of 2/28/18	DSS Assessment Services Contract	DSS Job Fair Contract	DSS OJT Contract	CDBG	Wells Fargo - Veterans Grant
	9905	9906	9907	9908	9909
Current Available Funding					
FY 16-17 Carry Forward/Fund Balance					
FY 17-18 Allocations/Contracts	205,200.00	22,898.00	194,403.00	7,945.00	5,970.94
FY 17-18 Reduction/Recession					
FY 17-18 WIOA Transfers				0.00	0.00
FY 17-18 Reserve for 18-19	0.00	0.00	0.00	0.00	0.00
FY 17-18 Sublease Contracts	0.00	0.00	0.00	0.00	0.00
Total Funding for FY 17-18	205,200.00	22,898.00	194,403.00	7,945.00	5,970.94
Expenditures					
5100 Staff Salaries	0.00	(2,008.86)	(1,509.39)	0.00	0.00
5105 Vacation	0.00	(60.49)	(107.54)	0.00	0.00
5111 Employer Medicare Expense	0.00	(31.40)	(24.93)	0.00	0.00
5112 Social Security Employer Exp	0.00	(134.29)	(106.64)	0.00	0.00
5115 CA Unemployment Insurance Exp	0.00	(44.23)	(1.65)	0.00	0.00
5116 CA Training Tax Expense	0.00	(0.97)	(0.05)	0.00	0.00
5120 Workers Compensation Expense	0.00	(24.88)	(12.45)	0.00	0.00
5130 Group Health Insurance Expense	0.00	(370.42)	(243.94)	0.00	0.00
5140 Employers 457 Expense	0.00	(121.38)	(92.18)	0.00	0.00
5160 Group Dental Insurance	0.00	(37.62)	(21.84)	0.00	0.00
5170 Group Vision Insurance	0.00	(5.03)	(5.01)	0.00	0.00
5180 Group Life Insurance	0.00	(0.07)	(0.79)	0.00	0.00
5200 Materials and Supplies	0.00	(13.71)	(11.25)	0.00	0.00
5210 Facility Materials and Supplies	0.00	0.00	(0.02)	0.00	0.00
5300 Rent Expense	0.00	(215.65)	(263.98)	0.00	0.00
5320 Telephone Expense	0.00	(12.37)	(13.50)	0.00	0.00
5330 Utilities Expense	0.00	(14.62)	(25.45)	0.00	0.00
5400 Postage Expense	0.00	(132.92)	(0.51)	0.00	0.00
5410 Printing Expense	0.00	(3.08)	(3.69)	0.00	0.00
5420 Advertising Expense	0.00	(100.00)	0.00	0.00	0.00
5430 Bank Charges	0.00	(0.14)	(0.16)	0.00	0.00
5440 Dues and Membership Expense	0.00	(0.58)	(6.53)	0.00	0.00
5450 Publications Expense	0.00	0.00	0.00	0.00	0.00
5500 Auditing Fees	0.00	(296.34)	0.00	0.00	0.00
5510 Legal Fees	0.00	(12.00)	(1.24)	0.00	0.00
5520 Consulting Fees	0.00	(0.54)	(10.93)	0.00	0.00
5530 Taxes and Fees	0.00	(3.71)	(0.05)	0.00	0.00
5600 Office Equipment	0.00	(3.07)	0.00	0.00	0.00
5610 Equipment Maintenance	(4.95)	5.53	7.30	0.00	0.00
5620 Equipment Rental	0.00	(18.13)	(11.23)	0.00	0.00
5630 Software Expense	0.00	0.00	(0.03)	0.00	0.00
5631 Software Maintenance	0.00	(7.53)	(165.18)	0.00	0.00
5640 Internet Expense	0.00	(13.21)	(10.94)	0.00	0.00
5650 Computer Hardware	0.00	(17.17)	0.00	0.00	0.00
5700 Client Transportation Assistance Expense	0.00	0.00	0.00	0.00	0.00
5710 Employee Education Expense	0.00	(5.63)	0.00	0.00	0.00
5720 Staff Travel Expense	(172.70)	(7.20)	(5.04)	0.00	0.00
5730 Conference, Conventions & Meetings	0.00	(3.68)	(0.64)	0.00	0.00
5800 Subcontracted Program Services	0.00	0.00	0.00	(7,945.00)	0.00
5810 General Outside Services	(1,566.22)	(642.69)	(154.84)	0.00	0.00
5820 Facility Maintenance Services	0.00	(0.10)	(0.63)	0.00	0.00
5900 Insurance Expense	0.00	(1.29)	(5.84)	0.00	0.00
5980 Fixed Assets - Expense Offset	0.00	0.00	0.00	0.00	0.00
Total Expenditures	(1,743.87)	(4,359.47)	(2,810.79)	(7,945.00)	0.00
Unliquidated Obligations					
Basic/Individualized Obligations	0.00	1,450.00	0.00	0.00	0.00
Training Services Obligations	0.00	0.00	0.00	0.00	0.00
Other Obligations	0.00	0.00	0.00	0.00	0.00
Total Unliquidated Obligations	0.00	1,450.00	0.00	0.00	0.00
FY Allocation Balance (less reserve for 18-19)	203,456.13	17,088.53	191,592.21	0.00	5,970.94

Summary Information	DSS Assessment Services Contract	DSS Job Fair Contract	DSS OJT Contract	CDBG	Wells Fargo - Veterans Grant
Total Funding for FY 17-18	205,200.00	22,898.00	194,403.00	7,945.00	5,970.94
Total Expenditures	(1,743.87)	(4,359.47)	(2,810.79)	(7,945.00)	0.00
Total Unliquidated Obligations	0.00	(1,450.00)	0.00	0.00	0.00
Training Available Balance	0.00	0.00	0.00	0.00	0.00
Projected Staff Costs	0.00	0.00	0.00	0.00	0.00
FY Year End Balance June 30, 2018	203,456.13	17,088.53	191,592.21	0.00	5,970.94

Revenue and Expenditures (FY 17-18)	DSS Assessment Services Contract	DSS Job Fair Contract	DSS OJT Contract	CDBG	Wells Fargo - Veterans Grant
Federal Revenue	0.00	0.00	0.00	0.00	0.00
Other Local & State Revenue	6,270.00	183.15	2,810.93	0.00	0.00
Other Income	0.00	0.00	0.00	0.00	0.00
Total Revenue	6,270.00	183.15	2,810.93	0.00	0.00
Total Expenditures	(1,743.87)	(4,359.47)	(2,810.79)	(7,945.00)	0.00
Balance Revenue less Expenditures*	4,526.13	(4,176.32)	0.14	(7,945.00)	0.00

*Note: MCWIC operates under the accrual basis of accounting.

MCWIC as of 2/28/18	Wells Fargo - Single Female Parent Grant	Wells Fargo HS/GED Prep 2017-2018	Wells Fargo HS/GED Prep Jan 2016-June 2016	MCDSS- HiSet Contract 2017-2018	Assessment Services
	9910	9913	9912	9901	9920
Current Available Funding					
FY 16-17 Carry Forward/Fund Balance					
FY 17-18 Allocations/Contracts	1,060.83	20,000.00	8,097.80	22,791.00	0.00
FY 17-18 Reduction/Recession					
FY 17-18 WIOA Transfers	0.00	0.00		0.00	
FY 17-18 Reserve for 18-19	0.00	0.00	0.00	0.00	0.00
FY 17-18 Sublease Contracts	0.00	0.00	0.00	0.00	0.00
Total Funding for FY 17-18	1,060.83	20,000.00	8,097.80	22,791.00	0.00
Expenditures					
5100 Staff Salaries	0.00	0.00	0.00	0.00	(3,714.09)
5105 Vacation	0.00	0.00	0.00	0.00	(313.08)
5111 Employer Medicare Expense	0.00	0.00	0.00	0.00	(61.00)
5112 Social Security Employer Exp	0.00	0.00	0.00	0.00	(260.77)
5115 CA Unemployment Insurance Exp	0.00	0.00	0.00	0.00	(43.93)
5116 CA Training Tax Expense	0.00	0.00	0.00	0.00	(0.99)
5120 Workers Compensation Expense	0.00	0.00	0.00	0.00	(36.04)
5130 Group Health Insurance Expense	0.00	0.00	0.00	0.00	(503.31)
5140 Employers 457 Expense	0.00	0.00	0.00	0.00	(232.60)
5160 Group Dental Insurance	0.00	0.00	0.00	0.00	(52.95)
5170 Group Vision Insurance	0.00	0.00	0.00	0.00	(10.38)
5180 Group Life Insurance	0.00	0.00	0.00	0.00	(0.95)
5200 Materials and Supplies	0.00	0.00	0.00	0.00	(829.45)
5210 Facility Materials and Supplies	0.00	0.00	0.00	0.00	(0.02)
5300 Rent Expense	0.00	0.00	0.00	0.00	(398.04)
5320 Telephone Expense	0.00	0.00	0.00	0.00	(22.70)
5330 Utilities Expense	0.00	0.00	0.00	0.00	(38.73)
5400 Postage Expense	0.00	0.00	0.00	0.00	(2.56)
5410 Printing Expense	0.00	0.00	0.00	0.00	(11.08)
5420 Advertising Expense	0.00	0.00	0.00	0.00	0.00
5430 Bank Charges	0.00	0.00	0.00	0.00	(0.26)
5440 Dues and Membership Expense	0.00	0.00	0.00	0.00	(5.57)
5450 Publications Expense	0.00	0.00	0.00	0.00	0.00
5500 Auditing Fees	0.00	0.00	0.00	0.00	(243.63)
5510 Legal Fees	0.00	0.00	0.00	0.00	(11.53)
5520 Consulting Fees	0.00	0.00	0.00	0.00	(10.84)
5530 Taxes and Fees	0.00	0.00	0.00	0.00	(3.10)
5600 Office Equipment	0.00	0.00	0.00	0.00	(1.52)
5610 Equipment Maintenance	0.00	0.00	0.00	0.00	13.49
5620 Equipment Rental	0.00	0.00	0.00	0.00	(26.40)
5630 Software Expense	0.00	0.00	0.00	0.00	(0.03)
5631 Software Maintenance	0.00	0.00	0.00	0.00	(156.46)
5640 Internet Expense	0.00	0.00	0.00	0.00	(19.38)
5650 Computer Hardware	0.00	0.00	0.00	0.00	(14.11)
5700 Client Transportation Assistance Expense	0.00	0.00	0.00	0.00	0.00
5710 Employee Education Expense	0.00	0.00	0.00	0.00	(4.88)
5720 Staff Travel Expense	0.00	0.00	0.00	0.00	(13.23)
5730 Conference, Conventions & Meetings	0.00	0.00	0.00	0.00	(14.93)
5800 Subcontracted Program Services	0.00	0.00	(9,977.60)	(430.25)	0.00
5810 General Outside Services	0.00	0.00	0.00	0.00	3,884.00
5820 Facility Maintenance Services	0.00	0.00	0.00	0.00	(0.89)
5900 Insurance Expense	0.00	0.00	0.00	0.00	(6.15)
5980 Fixed Assets - Expense Offset	0.00	0.00	0.00	0.00	0.00
Total Expenditures	0.00	0.00	(9,977.60)	(430.25)	(3,168.09)
Unliquidated Obligations					
Basic/Individualized Obligations	0.00	0.00	0.00	0.00	7,503.87
Training Services Obligations	0.00	14,415.00	0.00	22,791.00	0.00
Other Obligations	0.00	0.00	0.00	0.00	0.00
Total Unliquidated Obligations	0.00	14,415.00	0.00	22,791.00	7,503.87
FY Allocation Balance (less reserve for 18-19)	1,060.83	5,585.00	(1,879.80)	(430.25)	(10,671.96)

Summary Information	Wells Fargo - Single Female Parent Grant	Wells Fargo HS/GED Prep 2017-2018	Wells Fargo HS/GED Prep Jan 2016-June 2016	MCDSS- HiSet Contract 2017-2018	Assessment Services
	9910	9913	9912	9901	9920
Total Funding for FY 17-18	1,060.83	20,000.00	8,097.80	22,791.00	0.00
Total Expenditures	0.00	0.00	(9,977.60)	(430.25)	(3,168.09)
Total Unliquidated Obligations	0.00	(14,415.00)	0.00	(22,791.00)	(7,503.87)
Training Available Balance	0.00	0.00	0.00	0.00	0.00
Projected Staff Costs	0.00	0.00	0.00	0.00	(1,228.08)
FY Year End Balance June 30, 2018	1,060.83	5,585.00	(1,879.80)	(430.25)	(11,900.04)
Revenue and Expenditures (FY 17-18)	Wells Fargo - Single Female Parent Grant	Wells Fargo HS/GED Prep 2017-2018	Wells Fargo HS/GED Prep Jan 2016-June 2016	MCDSS- HiSet Contract 2017-2018	Assessment Services
Federal Revenue	0.00	0.00	0.00	0.00	0.00
Other Local & State Revenue	0.00	0.00	0.00	0.00	2,370.00
Other Income	0.00	0.00	0.00	0.00	0.00
Total Revenue	0.00	0.00	0.00	0.00	2,370.00
Total Expenditures	0.00	0.00	(9,977.60)	(430.25)	(3,168.09)
Balance Revenue less Expenditures*	0.00	0.00	(9,977.60)	(430.25)	(798.09)

*Note: MCWIC operates under the accrual basis of accounting.

MCWIC as of 2/28/18	General & Administration	AJCC Facility	Total
Current Available Funding	0000/9920	9911-xxx	
FY 16-17 Carry Forward/Fund Balance			1,941,224.43
FY 17-18 Allocations/Contracts	131,367.08	0.00	3,106,050.65
FY 17-18 Reduction/Recession			(164,227.57)
FY 17-18 WIOA Transfers			0.00
FY 17-18 Reserve for 18-19	0.00	0.00	(584,171.89)
FY 17-18 Sublease Contracts	0.00	261,199.12	261,199.12
Total Funding for FY 17-18	131,367.08	261,199.12	4,560,074.74
Expenditures			
5100 Staff Salaries	0.00	(12,195.05)	(825,752.45)
5105 Vacation	0.00	(63.51)	(27,168.97)
5111 Employer Medicare Expense	0.00	(182.62)	(13,077.97)
5112 Social Security Employer Exp	0.00	(781.09)	(55,919.77)
5115 CA Unemployment Insurance Exp	0.00	(401.53)	(7,715.16)
5116 CA Training Tax Expense	0.00	(9.62)	(175.61)
5120 Workers Compensation Expense	0.00	(110.31)	(7,515.09)
5130 Group Health Insurance Expense	0.00	(307.27)	(68,570.90)
5140 Employers 457 Expense	0.00	(342.84)	(46,410.98)
5160 Group Dental Insurance	0.00	(60.47)	(6,797.79)
5170 Group Vision Insurance	0.00	(11.31)	(1,404.86)
5180 Group Life Insurance	0.00	0.00	(185.60)
5200 Materials and Supplies	(137.30)	(1,184.45)	(9,605.91)
5210 Facility Materials and Supplies	0.00	(12.76)	(17.40)
5300 Rent Expense	0.00	(62,886.27)	(129,024.99)
5320 Telephone Expense	0.00	(1,595.09)	(5,712.89)
5330 Utilities Expense	0.00	(43,919.54)	(50,999.04)
5400 Postage Expense	(82.80)	(31.20)	(625.54)
5410 Printing Expense	0.00	0.00	(3,369.92)
5420 Advertising Expense	0.00	0.00	(400.00)
5430 Bank Charges	0.00	(0.52)	(48.00)
5440 Dues and Membership Expense	0.00	(22.29)	(4,581.00)
5450 Publications Expense	0.00	0.00	(125.00)
5500 Auditing Fees	0.00	(1,315.38)	(11,997.23)
5510 Legal Fees	0.00	(37.49)	(1,384.94)
5520 Consulting Fees	0.00	0.00	(13,730.01)
5530 Taxes and Fees	(55.89)	(16.46)	(232.61)
5600 Office Equipment	0.00	0.00	(183.16)
5610 Equipment Maintenance	0.00	(2,186.21)	(1,092.92)
5620 Equipment Rental	0.00	(39.58)	(5,733.43)
5630 Software Expense	0.00	(0.19)	(408.97)
5631 Software Maintenance	0.00	0.00	(4,659.00)
5640 Internet Expense	0.00	(36.81)	(4,074.65)
5650 Computer Hardware	0.00	0.00	(4,171.72)
5700 Client Transportation Assistance Expense	0.00	0.00	(6,890.00)
5710 Employee Education Expense	0.00	(5.34)	(598.00)
5720 Staff Travel Expense	(282.61)	(3.62)	(19,732.96)
5730 Conference, Conventions & Meetings	(330.00)	(84.67)	(8,800.68)
5800 Subcontracted Program Services	0.00	0.00	(193,458.34)
5810 General Outside Services	(1,220.00)	(15,233.28)	(67,025.21)
5820 Facility Maintenance Services	0.00	(342.39)	(543.87)
5900 Insurance Expense	0.00	(40.68)	(3,971.37)
5980 Fixed Assets - Expense Offset	2,010.96	0.00	2,010.96
Total Expenditures	(97.64)	(143,459.84)	(1,611,882.95)
Unliquidated Obligations			
Basic/Individualized Obligations	0.00	126,613.18	505,071.16
Training Services Obligations	0.00	0.00	131,606.00
Other Obligations	4,871.00	0.00	13,828.00
Total Unliquidated Obligations	4,871.00	126,613.18	650,505.16
FY Allocation Balance (less reserve for 18-19)	126,398.44	(8,873.90)	2,297,686.63

Summary Information	General & Administration	AJCC Facility	Total
Total Funding for FY 17-18	131,367.08	261,199.12	4,560,074.74
Total Expenditures	(97.64)	(143,459.84)	(1,611,882.95)
Total Unliquidated Obligations	(4,871.00)	(126,613.18)	(650,505.16)
Training Available Balance	0.00	0.00	(399,311.77)
Projected Staff Costs	0.00	(9,855.76)	(388,274.57)
FY Year End Balance June 30, 2018	126,398.44	(18,729.66)	1,510,100.29
Revenue and Expenditures (FY 17-18)	General & Administration	AJCC Facility	Total
Federal Revenue	22,178.14	0.00	1,324,689.42
Other Local & State Revenue	0.00	138,166.06	190,136.59
Other Income	2,151.05	0.00	2,151.05
Total Revenue	24,329.19	138,166.06	1,516,977.06
Total Expenditures	(97.64)	(143,459.84)	(1,611,882.95)
Balance Revenue less Expenditures*	24,231.55	(5,293.78)	(94,905.89)

*Note: MCWIC operates under the accrual basis of accounting,

data as of 11/12/18, 12:38 pm



MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Agenda Item 8.2

Consent

Action

Information

To: Madera County Workforce Investment Corporation

From: Elaine Craig, Executive Director

Date: March 22, 2018

Subject: Grants/Projects Update

Information:

- CCP/AB109: This contract was renewed for 2016-2017 with a decrease in funding from the Department of Corrections. We continue to provide in custody job readiness workshops at the Madera County Department of Corrections facility however the staffing has been reduced and is only available to conduct the workshops. Evaluations from the participants, and DOC staff, have been excellent, and some of the participants have started to come into the Center after they are released from the facility and are ready to begin training or job search. We are also conducting specialized, 3 hour orientation sessions four times per month for individuals referred from County Corrections and Probation. The sessions assist these customers to access the services they need to become employed. We are scheduling a meeting with DoC/Probation to discuss the potential for expanded services and a potential increase in funds. A proposal has been submitted for 17-18 with a Business Services/Specialist included in the budget and scope of work to provide employer resources, interview panels, industry/sector information and has been approved.
- Wells Fargo Grants: We continue to provide resources and assistance to veterans in the community with the second round of funds from Wells Fargo in the amount of \$10,000. The intent for use of this second round of funding is to continue with the work started last year. We will continue to recruit Veteran Mentors, increase advertising and outreach to the Veteran community, participate in all Veteran-oriented community events, and continue to add resources and options to improve our web-based Veteran Resource Center, including the addition of an on-line interest form. We were provided with a showcase window at the County Government Center and provided a veteran display specific to veterans with a sign that thanked Wells Fargo for the opportunity to serve veterans with their funding. We have also received \$15,000 to assist single parent female households, now extended to single parent male households, with a staff navigator and mentor to identify community resources and navigate barriers and challenges faced by this particular population. We have mentors assisting us with focus groups and surveys as well as outreach into the community to better determine the needs of this particular population. We were again invited to submit a letter of interest and subsequently an application for a rural workforce development \$75,000 grant (this is invitation only) and though we were a finalist, ultimately we were not one of the successful applicants. We were recently contacted by Wells Fargo and asked to submit a proposal for up to \$20,000. A discussion ensued about the scope of work that would be considered and we

have submitted a proposal to fund a dedicated HiSET class, with instructor and clerical support and flexible hours for customers and we were recently notified that we were successful for that amount and project and will be receiving funds in the near future. We were recently notified that our application for \$20,000 to continue the HiSET dedicated and customized class with Madera Adult School has been approved and a check presentation was held on Friday, September 22, 2017.

- Staff have also reached out to PG&E in order to apply for grant monies for their 2016 award period and received a positive response for us to be an applicant for community education and training. We have subsequently held a conference call with PG&E and have identified an area where there is mutual interest for an application and project working with Individuals with a Disability. We are waiting for PG&E to post their application online to complete and submit our project for consideration. We continue to check the PG&E website for open applications but have recently been advised that they are in the process of re-vamping their grant program and that applications would most likely not be available until 2017. However, because we have worked with PG&E on a number of very successful projects, we were asked about any other projects we would like to fund and we have suggested a Veterans Resource Center in the new facility and that is being considered with the potential for up to \$20,000 funding. The Executive Director recently spoke with a new contact with PGE and was asked to provide a proposal/executive summary for a grant that would provide new computers for the resource room, assessment room and mobile laptops with a cart. That proposal was accepted and we will be asked to complete a formal application for \$25,000.
- Disability Employment Initiative: We have successfully completed this project and continue to increase our Ticket to Work assignments and revenue. We received funding to provide Technical Assistance to Merced County, as they are a recent DEI grant recipient. We have since been awarded another round of Disability Employment Accelerator funds, while these funds will continue to assist customers with disabilities the focus is employer/business services to include an HR Hotline and a new website for the local system.
- Disability Employment Accelerator Grant: We have been awarded funds through this grant of approximately \$166,000 to assist individuals with a disability gain employment and/or receive upgrade skills training for retention or advancement and to educate, inform and engage employers. We are currently completing the application for 2016-2017 funds for submission to EDD. We have been awarded these funds as indicated in the DEI. We recently submitted a DEA grant application for 17-18 with a continued focus on employers, as well as jobseekers. We anticipate being notified regarding the results of the grant competition soon. We have been awarded this grant in the amount of \$250,000.
- Community Development Block Grant: We received \$13,000 from the City of Madera for 2015-16 to serve adult low-income City of Madera residents. We are to enroll at least ten (10) participants. This is the third year we have been awarded these funds. We have submitted a 2016-17 application and presented at both the Review Advisory Committee and the City Council and have tentatively been awarded \$10,000. Final approval is scheduled on August 2, 2016. These funds will assist with the dedicated HiSET class with Madera Adult School. The City is still pending receipt of these funds from HUD. As of this date, we have indeed received \$10,000 and signed the contract with the City. We have applied for 17-18 funds and have been awarded \$7,500. This has been increased to \$7,900. We are still waiting for the contract. We have since received the contract and the MCWIC Board is scheduled to approve and sign the Resolution at the regularly scheduled Board meeting on Thursday, September 29, 2017. These funds are being used to augment the HiSET dedicated class with MAS.
- We are constantly searching for funding opportunities through various Foundations and other

institutions due to our non-profit status. We are building a system in that we are notified of grant opportunities and the deadline dates so we do not miss appropriate and viable opportunities.

- The Central California Workforce Collaborative, with Madera as the lead, received \$20,000 for the Governor's Office Slingshot Initiative which is being administered by the State Board for the planning phase of this project, which has been successfully developed. Fresno will be the lead for the \$1m implementation phase. This initiative is to regionalize and enhance collaboration and partnerships with stakeholders for training and employment of valley residents. While the Valley is known for its collaboration and regional efforts around workforce development, the approach of this initiative is unique in that it encourages and allows for out of the box and risk taking projects to enhance access to career pathways and self-sufficiency. The planning phase brought numerous partners together such as EDC, Community Colleges and manufacturing employers to determine the need of the workforce specific to manufacturing, advanced manufacturing, value added manufacturing with the intent to utilize the \$1m funds to implement and/or resolve the challenges and needs identified by the Compact with strategies such as prior learning assessment and reciprocity for demand curriculum across community college campuses. Fresno WIB is the lead on the \$1m project.
- National Emergency Jobs Driven Grant: The Central California Workforce Collaborative have been successfully implementing this grant for long-term unemployed customers across the region, with Madera as the lead. This project requires 30% of the total funds, which is approximately \$3m for the region, to be spent on work-based learning activities such as OJT, Intern/Extern, PWEX, Job Shadow. This grant will also fund a regional economic and skills gap analysis with local data also being provided. This will assist in the local and regional plans that are required but also will benefit employers and partners to determine needs and gaps in the local communities. We have recently requested an extension of six months and a modification to the eligibility criteria in order to expend the dollars associated with this grant and to increase the number of participants regionally. The request for six months was ultimately denied by DoL but EDD provided us with a three month extension to September 31, 2016 and has now provided an extension through March 31, 2017. Recently, the CCWC approved paying for a nationally recognized Business U Boot Camp for Business Specialists staff in the region. This Boot Camp will be held on January 17, 2017 at the Madera Muni Golf Course with approximately 35 participants. We have successfully completed and closed out this grant as of March 31, 2017 and met all performance outcomes and numbers and returned \$8,000 approximately to the state as unexpended. This is due to other areas that could not expend their entire allocation.
- The California Workforce Development Board has approved our application to be designated a High Performing Workforce Board and we have subsequently received approximately \$54,000 for that designation. We were required to reapply for Board Certification by March 31, 2016. We believe at this time that we have received a conditional certification due to not meeting the required percentage for labor representation. Since then, we have received a nomination from the local labor council, along with additional private sector members, which will bring us compliant with membership and will receive full certification. We have received the written notice of full certification from the State Board.
- The California Workforce Development Board has also approved our application for designation as a local workforce development area under WIOA as well as certification of the Workforce Development Board under WIOA. This is a requirement of WIOA and will be for a two year period for the local area and we will be required to reapply in March 2016 for continued certification of the WDB. We have recently received the Directive to begin the process for recertification of the WDB with the application due to EDD by March 31, 2016.

The recertification application was approved by the Board of Supervisors at their meeting on March 15, 2016 and has been submitted to EDD and the State Board. We received conditional certification due to a lack of the required labor representative percentage. This was due to a misunderstanding/interpretation of the law. This has since been resolved and we recently received notification from the state board that the WDB will be fully certified.

- Under the auspices and umbrella of the WDB, staff will be facilitating and hosting employer resource events. In October staff will be facilitating an employer event sponsored by PGE and SBDC/Fresno State with a number of partner agencies such as EDC and GoBiz, where in information and resources will be provided to local employers. This was a very successful event with over 30 employers attending. We have since collaborated with the Madera Chamber of Commerce and the California Employer Association to co-host/co-sponsor employer training events. We have also successfully contracted for an HR Hotline made available to Madera County employers at no cost. This was made possible from the DEA funds. These events are ongoing.
- We have submitted a grant application to the Department of Labor under the Strengthening Working Families Initiative solicitation. The grant application was developed in partnership with SCCCD/Madera Community College Center, the Community Action Partnership of Madera County, and the Greater Madera County Industry Association via the Economic Development Commission. The program, if funded, will serve unemployed and underemployed residents of Madera County who are parents, and for whom child care creates a barrier to training and employment. The grant will focus on the provision of training in the Advanced Manufacturing sector and provides resources for child care costs. A portion of the grant will also be provided to SCCCD/Madera Community College Center to increase student capacity in the Advanced Manufacturing programs through the addition of faculty, counseling time, and the provision of updated equipment and tools for the program. We have been notified that we were not a successful award for these funds. Only one workforce development area in California received these funds and it was in San Diego.
- We have also submitted a grant application for Veterans Employment Assistance Program (VEAP) funds in partnership with Merced County WIB. We have received these funds in the past and have identified manufacturing as the sector for training. We have been notified that we have indeed been awarded these funds and we will be the lead on this project. We are currently enrolling eligible veterans under this grant focused in Manufacturing. Transportation and logistics has since been added. We were also successful in receiving additional VEAP funds with Stanislaus as the lead with the regions identified industries and sectors and are currently enrolling customers.
- We have applied for America's Promise Grant as a region with Fresno as the lead. This is a four year, \$6 million application with manufacturing training identified as the targeted industry. This grant, if received, will build capacity at the community colleges and allow for more advanced training in manufacturing related trades. Unfortunately, we were not successful in receiving this grant.
- We will also be submitting an application to the State Board for the Workforce Accelerator Grant with the intent to serve individuals who are limited English proficiency by providing, through contract ed, a customized and dedicated class for the participants. Potentially we would target incumbent workers and provide the class at the worksites or at a central location with flexible days and times to accommodate the participants. We are still pending notification of awards for these funds. Unfortunately, we did not receive this grant. The sixth round of funding has since been released and we are determining if the LEP application will be submitted or whether we attempt to implement a One Stop at the Department of Corrections.

We have subsequently applied as the Lead for Workforce Accelerator funds to provide a mini-One Stop at the Department of Corrections and we were also asked to participate in two additional applications; one with Fresno for online delivery of services and one with the CA Partnership for Financial Literacy with a non-profit CBO in San Francisco. We hope to hear in the next several weeks about awards. We have been awarded all three grants and recently participated in the mandatory orientation with the state EDD and Workforce Board. We have also already met with staff from the Department of Corrections and Probation to design program and staffing for the mini-one stop.

- Staff submitted an application for a technology grant in which only non-profit organizations could apply. This was due to a court settlement with the Attorney General's office related to technology infractions by a private company. We collaborated with the Library and submitted the grant application to replace and provide technology equipment and software to the main library branch and the outlying branches. Unfortunately, we did not receive these funds but have subsequently received grant opportunities for the library and have forwarded them the information.
- Staff continue to work on WIOA Transitional activities such as Regional Planning. The Central California Workforce Collaborative, which comprises the eight local workforce development areas and Boards, will be contracting for a consultant to provide a one day facilitation on beginning the planning and logistics of regional planning. Ultimately, the CCWC will also consult for assistance and facilitation through the development of the required regional plan. The Central Valley Region participated in a full day facilitated regional planning process two weeks ago and will begin the process with bi-weekly Webex, conference calls, and when possible, in person meetings. We have also let an RFP with Merced, Stanislaus, San Joaquin and Kings County for a One Stop Operator. This is the second let as the first failed with no proposals. This round closes in a week and we will then know if we have any successful and/or viable proposals to be the sub-regional one stop operator.
- We have also applied for a Workforce Navigator Pilot Project Grant for English as a Second Language Learners. This was done in collaboration with Fresno WDB and the Regional Adult Ed Consortium. We were notified that we were selected for a grant award of \$500,000 and are in the process of hiring a staff person to implement this grant with the partner organizations. We have since hired the Navigator position and are beginning to implement the Scope of Work. This grant term is 18 months.
- We were recently contacted by the Madera Superior Court due to our non-profit status and services to the community to see if we would like to have a donation of IT equipment. After some research and determination, we will be accepting ten laptops in order to create a mobile laptop system and will only need to purchase the mobile cart. We have since received these 10 laptops and IT are currently working on them for us by customers.
- We are currently working with the City of Madera and Habitat for Humanity to apply for a Wells Fargo and UCSM CommunityWINS Grant wherein the proposed scope of work is to rebuild an elderly couple's home that was destroyed by fire and they were uninsured. The grant application is due March 16th and we have had several meetings with all of the stakeholders and partners in order to begin to complete the application. This grant application has been submitted and we also added GRIDS Alternative to place solar panels on this home.
- We have also applied for a STEPS grant – Summer Employment and Training for Students which is Department of Rehabilitation funds with the State Employment Training Panel providing administrative oversight for the grant. These funds are specific to in school youth with disabilities 16-21 on an IEP or 504 plan. This grant has been submitted and we are

working with the programs from Madera County Superintendent of Schools and the Madera Unified School District to provide 20 students with paid work experience this summer.

Financing:

Workforce Innovation and Opportunity Act



AGENDA

February 22, 2018

(Rescheduled from February 15, 2018)

3:00 p.m.

Meeting will be held at:

***Workforce Assistance Center
Executive Conference Room
2037 W. Cleveland Avenue
Madera, CA 93637
(559) 662-4589***

REASONABLE ACCOMMODATION FOR ANY INDIVIDUAL WITH A DISABILITY Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in a meeting or function of the Workforce Development Board of Madera County, may request assistance by contacting the Executive Assistant at Madera County Workforce Investment Corporation office, 2037 W. Cleveland Avenue, Madera, CA 93637; Telephone 559/662-4589; Fax 559/673-1794.

If a quorum of the Workforce Development Board is not present at the time of the meeting BUT a quorum of the Workforce Development Board Executive Committee IS present, an Executive Committee board meeting will be conducted in place of the Workforce Development Board.

This agenda and supporting documents relating to the items on this agenda are available through the Workforce Development Board website at <http://www.maderaworkforce.org/workforce-board-meetings/>. These documents are also available at the Madera County Workforce Assistance Center – office of the Executive Director.

1.0 Call to Order

1.1 Pledge of Allegiance

2.0 Additions to the Agenda

Items identified after preparation of the Agenda for which there is a need to take immediate action. Two-thirds vote required for consideration (Government Code Section 54954.2(b)(2))

3.0 Public Comment

This time is made available for comment from the public on matters within the Board's jurisdiction. The comment period will be limited to 15 minutes. Each speaker will be limited to 3 minutes and only one speaker per subject matter.

4.0 Introductions and Recognitions

5.0 Adoption of Board Agenda

6.0 Consent Calendar

6.1 Consideration of approval of the Workforce Development Board (WDB) meeting minutes – December 21, 2017

7.0 Action Items

7.1 Consideration of approval of the revisions to the WIOA Youth Program Requirements to align local policy with recently finalized State guidance.

8.0 Information Items

8.1 MCWIC Update

- 8.2 Financial and Program Activity Update
- 8.3 Grants/Projects Update
- 8.4 Basic Skills Deficiency Policy Update
- 8.5 Update on 501c3 Non-profit Transfer
- 8.6 Workforce News Newsletter Logo Update
- 8.7 Workforce Assistance Center Mural
- 8.8 Form 700 – Due by 4/1/18

9.0 Written Communication

10.0 Open Discussion/Reports/Information

- 10.1 Committee Members
- 10.2 Staff

11.0 Next Meeting

April 19, 2018

12.0 Adjournment



MINUTES

December 21, 2017

***Convened at Madera County Workforce Assistance Center - Conference Room
2037 W. Cleveland Avenue, Madera, CA 93637
(559) 662-4589***

- PRESENT:** Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener
- ABSENT:** Jorge DeNava, Gabriel Gil, Claudia Habib, Exchille Mendoza, Terry Nichols, Ivan Otamendi, Robert Poythress, Cindy Vail, Ruben Zarate
- GUEST:**
- OTHERS:** Elaine Craig, Gail, Lopez, Jessica Roche, Maiknue Vang, Nicki Martin

1.0 Call to Order

Meeting called to order by Chair Brett Frazier at 3:09 p.m.

1.1 Pledge of Allegiance

2.0 Additions to the Agenda

None.

3.0 Public Comment

None.

4.0 Introductions and Recognitions

None.

5.0 Adoption of Board Agenda

Bobby Kahn moved to adopt the agenda, seconded by Les Taylor.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

6.0 Consent Calendar

- 6.1 Consideration of the ratification of the Workforce Development Board (WDB) meeting minutes – August 17, 2017.**
- 6.2 Consideration of the ratification of the Executive Committee meeting minutes – September 26, 2017.**
- 6.3 Consideration of the approval of the Executive Committee meeting minutes – November 9, 2017.**

Agenda items 6.1, 6.2 and 6.3 were discussed separately in order to ensure that a member who was present at those meeting could make the motions accordingly.

Les Taylor moved to approve, seconded by Brett Frazier.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

- 6.4 Consideration of the ratification of the revised Incumbent Worker training policy to include a cap of \$2,500.**
- 6.5 Consideration of the ratification of the revised Selective Service policy to conform with recently published State guidance in EDD Directive WSD16-18.**
- 6.6 Consideration of the ratification of the revised Limited English Proficiency (LEP) policy to conform with the recently released State guidance in EDD Directive WDD17-13.**
- 6.7 Consideration of the ratification of the new Oversight and Monitoring of Nondiscrimination and EO Procedures policy to implement the new requirements issued by the State in EDD Directive WSD17-05.**
- 6.8 Consideration of the ratification of the new WIOA Youth Program Requirements policy.**
- 6.9 Consideration of the ratification to include Construction as an identified sector-in-demand for Madera County.**
- 6.10 Consideration of the ratification of the Memorandum of Understanding (MOU) Phase I with California Indian Manpower Consortium, Inc. (CIMC).**
- 6.11 Consideration of the ratification of the America’s Job Center of California (AJCC) Baseline Certification Matrix conducted by the WDB ad-hoc certification committee.**

Agenda items 6.4 to 6.11 were discussed as a group. The policies were taken to the Executive Committee for approval when the WDB was unable to meet due to a lack of a quorum. Staff wanted to ensure that the WDB had all the policy information and revisions for their consideration.

Les Taylor moved to approved, seconded by Brett Frazier.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisenerd

7.0 Action Items

- 7.1 Consideration of approval of the appointment of Robert Poythress, Private Sector, to the WDB Executive Committee.**

Robert Poythress was asked to consider serve on the Executive Committee as a private sector member in order to bring the composition of the Committee into compliance. He indicated that he was able to sit on the Committee.

Bobby Kahn moved to approve, seconded by David Hernandez.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

7.2 Consideration of approval of the appointment of Nichole Mosqueda, Private Sector, to the WDB Executive Committee.

Nichole was also asked to sit on the Executive Committee as a private sector representative and indicated that she is able to do so.

David Salter moved to approved seconded by Chuck Riojas.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

7.3 Consideration of approval of a service contract with Sierra HR Partners for the HR Hotline.

The current HR Hotline contract and services were provided by California Employers Association (CEA). They have provided great service on the Hotline. A procurement for the hotline was done and Sierra HR was chosen to provide services in 2018. Another procurement will be done for the following year if the grant continues to be funded. The HR Hotline provides information on ADA and other HR issues to employers. They do not provide legal advice and will refer callers to an attorney if there are any legal issues. The service is provided in English and Spanish. Anyone can call in to the service. The number of callers has been steadily increasing since it was started. Staff thanked Les Taylor and CEA for their great work.

Chuck Riojas moved to approve, seconded by Nichole Mosqueda.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

7.4 Consideration of approval of the Rapid Response and Layoff Aversion Activities policy.

The Rapid Response policy is new. In the past, staff used Employment Development Department (EDD) directives for guidance and mandates. An EDD monitor asked for a local policy during a monitoring session and suggested that a local policy would be something to consider. The policy follows the EDD directive and mandates.

Chuck Riojas moved to approve, seconded by Laura Gutile.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

7.5 Consideration of approval of the WIOA revisions to the contract between the Chief Local Elected Official (CLEO), the WDB and the Madera County Workforce Investment Corporation.

The CLEO contract was provided with tracked changes to show the revisions to the document. Most of the revisions were to align the contract with the Workforce and Innovation Act (WIOA) and regulations. Some of the revisions were to clearly identify the roles and responsibilities of the Board of Supervisors, the WDB and the Workforce Investment Corporation for the local workforce area. If approved, the CLEO will also go to the Board of Supervisors for approval.

Mike Fursman moved to approve, seconded by Les Taylor.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les

Taylor, Kimberly Thomas, Elizabeth Wisener

7.6 Consideration of approval of transferring the non-profit 501c3 designation from the MCWIC to the WDB and the designation of the WDB Executive Committee as the non-profit Board.

Staff are asking that the WDB become the legal entity and that the non-profit 501c3 be transferred from the MCWIC to the WDB. Staff have consulted with the attorney and have been advised that it is possible to do so. The WDB would become the legal entity. This request was brought on by a number of reasons. There are 2 boards that have to be managed and coordinated. Branding is also confusing and staff are at times not sure which board may be representative of events or documents. 2 boards can also be confusing to employers who receive information and documents from 1 board but receive contracts and other documents for signature and approval from the other board. The MCWIC is the subrecipient for funding from the State and is employer of record for staff. The MCWIC came to be as a result of the separation from the Madera County Office of Education. The original board was comprised of the members of the WDB Executive Committee. These meetings would take place simultaneously by opening as one and closing and going into the next. Eventually, a monitor advised staff that the 2 boards and its memberships had to be separated in order to maintain its financial integrity due to WIOA and a mandated a firewall between the service provider and the administration. The MCWIC is now comprised of non-WDB members. Under WIOA, the Workforce Boards have the responsibility of overseeing the local workforce areas and has the responsibility of procuring and/or terminating providers or services. The termination of the youth services contract was an example of an instance where the roles and responsibilities of the 2 boards was not immediately clear. The Attorney was consulted in order to ensure that the process was handled correctly and went to the appropriate board for resolution. The firewall issue has since been mitigated with the procurement of the One Stop Operator. Staff would suggest that since there is no longer a firewall issue, the WDB could become the non-profit with the Executive Committee acting as the corporate board. Staff would apply to Secretary of the State for the new corporation name change. WDB Directors would be covered by D&O insurance, EPLI insurance as well as general liability. Consultations with the attorney would also be available as needed. Legal counsel is available to come to a meeting and discuss and provide input and answers. The transfer has been discussed with the MCWIC and they are aware. It is possible that most of the MCWIC members could come onto the WDB if they so desired since they are mostly private sector. Staff would like to have legal counsel start the process to transfer the 501c3 status to the WDB. The WDB indicated that they would like to have the attorney present at a meeting to further discuss the topic. The process could take up to a year to finalize. A possible new name of the Corporation would be the Workforce Development Board of Madera County, Inc.

Mike Fursman moved to have staff consult with legal counsel to begin the process to transfer the 501c3 status to the Workforce Development of Madera County, seconded by Laura Gutile.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

7.7 Consideration of approval of a name for the WDB Business Newsletter to include Business \$ense, The Business Messenger, Workforce Journal and Workforce Update.

The business newsletter is an employer based newsletter. Staff use Constant Contact to send to employers on a quarterly basis. Staff are asking the WDB for some input and ideas as to the name of the newsletter. Some ideas are provided but new names and ideas were welcomed. Discussion held as to the placement and the look for the logo. The WDB asked that the “newsletter” somehow be incorporated into the logo. The Board wanted to see a logo that would incorporate Workforce and News. Staff will work on creating “Workforce News” and providing the finished product to the Board.

Laura Gutile moved to approve Workforce News, seconded by Les Taylor.

Vote: Approved – unanimous

Yes: Michelle Brunetti, Brett Frazier, Mike Fursman, Laura Gutile, David Hernandez, Bobby Kahn, Wendy Lomeli, Mike Lopez, Deborah Martinez, Nichole Mosqueda, Chuck Riojas, David Salter, Les Taylor, Kimberly Thomas, Elizabeth Wisener

8.0 Information Items

8.1 MCWIC Update

Information provided within the agenda packet.

8.2 Financial and Program Activity Update

Information provided within the agenda packet. Staff would like the WDB to provide input as to what and how they would like to see the financial and program activity information. The information was reviewed and the WDB asked regarding what the "other" category item represented. Staff clarified that the other category included items for medical training related expenses that the State system does not categorize within their system and so is not identified within the reports. Staff will gather information for this category and share with the Board in future.

8.3 Grants/Projects Update

Information provided within the agenda packet.

8.4 Discussion related to the Basic Skills Deficient policy

Staff are discovering that basic skills deficiency is becoming an issue with some customers. All customers are assessed with the TABE assessment. The TABE is an academic assessment. Workforce makes sure to vet all customers in order to provide employers with the most job-ready and qualified job seekers possible, however, some customers are testing below 9th grade level even though some have graduated with a high school diploma. Workforce staff requested that the 9th grade level standard be lowered to 6th grade level in order to help more customers but Managers disagreed and denied the request. Managers are concerned that lowering the grade level would be a disservice to the employers as well as could place some customers who may be basic skills deficient in situations that may prove challenging. The WDB considered the information and agreed that lowering the grade level standard would not be acceptable. Staff noted that some customers may score low on the TABE but receive acceptable scores for their desired field of interest according to the WorkKeys assessment and that they are considering also testing customers under the Fit category. WorkKeys assesses a customer's work-ability level. WDB members provided information and input as to what other assessments could be used as well.

8.5 Discussion related to right-to-work local policy

Information provided within agenda packet.

8.6 Potential WDB initiatives as discussed at the WDB Strategic Planning Session and the Local Plan

Information provided within agenda packet.

8.7 Discussion related to WDB Board Governance; WDB Job Description; WDB Board Agreement

Information provided within agenda packet.

8.8 WDB & MCWAC Website and Logo Redesign Update

Information provided within the agenda packet.

8.9 2018 WDB Meeting Dates

Information provided within the agenda packet.

9.0 Written Communication

10.0 Open Discussion/Reports/Information

10.1 Committee Members

10.2 Staff

11.0 Next Meeting

February 15, 2018

12.0 Adjournment

Meeting adjourned after agenda item 8.4 at 4:19 due to loss of a quorum.



Agenda Item 8.4

Consent

Action

Information

To: Madera County Workforce Investment Corporation

From: Elaine Craig, Executive Director

Date: March 22, 2018

Subject: Program Update

Information:

Since we moved into the building on 24 January 2017, we have had approximately 47,260 visitors to the Job Center. MCWIC, as a partner agency to the system, has provided 24,362 various services to customers (jobseekers) over the last year. Approximately 2,002 employer services and 5,288 distinct individual services. The Board also requested an update to the Youth/Young Adult program. Data and success stories have been provided.

Financing:

Workforce Innovation and Opportunity Act

WIOA YOUTH PROGRAM UPDATE

January 1, 2017 to December 31, 2017

Total Enrollments:	103
Carry Overs (Kings View):	36
MCWIC Enrollments:	67
Alternative Secondary Ed/Adult Ed:	29
High School Diploma/Equivalent:	4
Paid Work Experience:	14
On the Job Training:	3
Occupational Skills Training:	6
Obtained Unsubsidized Employment: (Average hourly wage \$11.48)	17

Program Elements for WIOA Youth Program:

WIOA Section 129(c)(2) includes 14 program elements, which include the original ten program elements under WIA. The five new program elements are 1) financial literacy; 2) entrepreneurial skills training; 3) services that provide labor market and employment information about in-demand industry sectors; 4) activities that help youth prepare for and transition to post-secondary education and training; and 5) education offered concurrently with and in the same context as workforce preparation activities and training for specific occupation or occupational clusters.

Local areas are not required to provide all 14 required elements to each participant. Local areas have the flexibility to determine which specific services a participant will receive based upon the individual's assessment and service strategy. However, local boards must ensure that all 14 program elements are available in their area.

1. Tutoring, Study Skills Training, Instruction, and Dropout Prevention
Services: Tutoring, study skills training and instruction services that lead to

a high school diploma or its equivalent, including a recognized certificate of attendance or similar documents for individuals with disabilities.

2. **Alternative Secondary School Services or Dropout Recovery Services:** Alternative secondary school services that assist youth who have struggled in traditional secondary school education. Services include, but are not limited to, basic education skills training, individualized academic instruction, English as a Second Language Training, and dropout recovery.
3. **Paid and Unpaid Work Experience:** A planned, structured learning experience that takes place in a private, for-profit, non-profit or public sector workplace for a limited period of time. The experience provides exposure to various aspects of an industry, employability skills instruction and soft skills.
4. **Occupational Skills Training:** Provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupation fields at entry, intermediate or advanced levels. Local areas must give priority consideration to training programs that lead to recognized postsecondary credentials that align with in-demand industry sectors or occupations in the local area.
5. **Education Offered Concurrently with Workforce Preparation and Training for a Specific Occupation:** Integrated education and training activity that teaches workforce preparation activities, basic academic skills and hands-on occupational skills training within the same time frame and connected to training in a specific occupation, occupational cluster or career pathway.
6. **Leadership Development Opportunities:** Encourages responsibility, confidence employability, self-determination, and other positive social behaviors. Activities may include, but not limited to; community and service learning projects, citizenship training, civic engagement activities, peer centered activities, such as mentoring and tutoring and other leadership activities.
7. **Supportive Services:** Services that enable an individual to participate in WIOA activities. Assistance may include, but not limited to; transportation,

child care, health care, legal aid services, educational testing, work attire, books, parking and health fees, school supplies, etc.

8. **Adult Mentoring:** Mentoring services between a participant and adult mentor that includes structured activities, such as guidance, support and encouragement to develop the competence and character of the mentee. Mentoring may include workplace mentoring where the participant is matched with an employer or employee of a company. Local areas may use group mentoring and electronic mentoring, but at a minimum the participant must be matched with an individual mentor with whom the participant interacts on a face-to-face basis. The mentoring activity must be at least 12 months.
9. **Follow-Up Services:** Follow-up services may include supportive services, mentoring, financial literacy education, services that provide labor market and employment information, and activities that assist an individual to prepare for and transition to postsecondary education and training.
10. **Comprehensive Guidance and Counseling:** May include individualized counseling and/or drug and alcohol abuse counseling, mental health counseling, and referral to a partner program.
11. **Financial Literacy Education:** Information and activities such as creating budgets, setting up checking and saving accounts, managing spending, understanding credit reports and protecting against identify theft.
12. **Entrepreneurial Skills Training:** Services that help develop the skills associated with starting and operating a small business. Skills may include develop budgets and forecast resources needs, identifying business opportunities, understand various options for acquiring capital and communicate effectively and market oneself and one's ideas.
13. **Services that Provide Labor Market and Employment Information:** Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area. Services may include, career awareness, career counseling and career exploration.

14. Postsecondary Preparation and Transition Activities: Preparation services for postsecondary education after attaining a high school diploma or its recognized equivalent. Activities include exploring postsecondary education options such as registered apprenticeships, technical training schools, community colleges, and four-year colleges and universities. Additional activities may include assistance completing financial aid applications, searching and applying for scholarships and grants, college admission applications and connecting individuals to postsecondary programs.



SUCCESS

Miranda Lopez

When I first met Miranda she was working part-time at a local restaurant and wanted something more. She didn't have her high school diploma and although she had clerical skills, no one would hire her because she had no work experience in the field. The first thing MCWIC did was to get her enrolled in an alternative high school, Learn 4 Life, and secondly, we started looking for a Paid Work Experience position that might fit her career goal. One of our business service representatives found an interesting opening that offered her a chance to get on with a nationwide company, Oldcastle Enclosures. They were looking for someone who not only would be an office clerk, but would be a big part of an ergonomic study that they were starting. She would be on the production floor and observe and record the movements of their employees when loading and unloading or transferring materials, and record the time it took for them to complete the tasks. This was part of their safety program. In less than a month, the employer was so happy with her performance, that they started training her as a quality control inspector and clerical assistant. They also told us that they wanted to hire her full time, but knew that she was still finishing up her diploma program and wanted her to have the time during the day to complete her studies. In the end, as soon as she earned her high school diploma, they started her, (through an OJT Contract), as a Production Clerk where she will be assisting with daily production and purchasing duties to ensure the successful operation of the plant. She went from \$10.50 an hour through our PWEX program to a starting wage of \$14.20 an hour as a permanent employee. It has been three months since she started and they are still extremely happy with her work and are wanting us to send more people like her for some of their other positions. She said that just months ago, she wouldn't have ever believed this was possible and is extremely thankful that programs like ours exist. In six months she earned her high school diploma and found job placement in a company that offers many opportunities for advancement in the years to come. We are extremely proud of her accomplishments, and our part in assisting her on her road to success.

*Charlton Dove, Career Specialist
Madera County Workforce Investment Corporation*



SUCCESS

Jautenae Saddler

When Jautenae first came in she knew what she wanted, but didn't know the pathway to get started. She had worked in retail sales and fast food, but wanted to get into the childcare industry. She had started taking child development courses at SCCCD, Madera Campus, but had completed only two courses when she had to give up on her dream and get a full time job to support herself. She was in between jobs when I met her and she was very interested in our Paid Work Experience Program. After completing her Individual Service Strategy that stated that she wanted to work in the childcare industry, we got in touch with CAPMC and their Headstart Program. She met with their director and they came up with a childcare center that she believed would be a good fit for her. It turned out to be great; Jautenae loved working with the kids and the parents, and it strengthened her resolve to keep working towards her career goal. One day when she was at work, the center director told her that they were looking for an instructional aide and that she thought she was ready to put in an application for it. Jauteneae did just that and after her second interview, was told that she had gotten the job. She is now working at the La Vina School site and once she gets settled in to her new position, will be continuing her college education at the Madera Center once again, in order for her to obtain her Associate Preschool Teacher's Certification. She said that if it hadn't been for our program, she would still be struggling in a part time job that went nowhere, and would still be wondering if she would ever reach her true career goal of being able to work with children. She is very happy with her new position and the opportunities for advancement that are now within her reach. We are very proud of her accomplishments and that we were able to be an important part of it.

*Charlton Dove, Career Specialist
Madera County Workforce Investment Corporation*



Agenda Item 8.5

Consent

Action

Information

To: Madera County Workforce Investment Corporation

From: Elaine Craig, Executive Director

Date: March 22, 2018

Subject: Form 990 Exempt Organization Tax Return Filing Update

Information:

MCWIC's fiscal and tax year-end is June 30. All annual tax and information returns of MCWIC are filed on the accrual basis of reporting and is prepared by the organizations CPA, Moss Adams, LLP based on information provided to them by MCWIC Fiscal Manager.

Per IRS Form 990 Part VI and Schedule L, MCWIC's annual Form 990 information return was reviewed by management prior to submittal.

Financing:

Workforce Innovation and Opportunity Act

GOVERNMENT COPY



T (559) 389-5700
F (559) 389-5701

265 E. River Park Circle
Suite 110
Fresno, CA 93720

December 5, 2017

ELAINE CRAIG
2037 W. CLEVELAND AVE
MADERA, CA 93637

DEAR ELAINE:

Enclosed is the organization's 2016 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2018.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$150, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

We prepared the returns from information you provided to us without verification in accordance with the terms of the Master Services Agreement (MSA) and Addendum that we have in place with you. In addition, we have relied on you to alert us if you participated in a listed transaction or a transaction of interest as described on the following IRS websites:

- Listed transactions: <http://www.irs.gov/Businesses/Corporations/Listed-Transactions>
- Transactions of interest: <https://www.irs.gov/businesses/corporations/transactions-of-interest>

Please contact us if you have engaged in a transaction substantially similar to one of the transactions described on either of these websites, or as identified as a listed transaction on any state website.

Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns or if we may be of further assistance.

Sincerely,

DOUG SAMPSON
for Moss Adams LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared For:

MADERA COUNTY WORKFORCE INVESTMENT
CORPORATION
2037 W. CLEVELAND AVE
MADERA, CA 93637

Prepared By:

Moss Adams LLP
265 E. River Park Circle Ste 110
Fresno, CA 93720

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2018

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Employer identification number

45-5243432

Name and title of officer

**ELAINE CRAIG
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,084,270.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MOSS ADAMS LLP ERO firm name to enter my PIN 78593 Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77707378593
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 12/05/17

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

MADERA COUNTY WORKFORCE INVESTMENT
CORPORATION
2037 W. CLEVELAND AVE
MADERA, CA 93637

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2037 W. CLEVELAND AVE City or town, state or province, country, and ZIP or foreign postal code MADERA, CA 93637	D Employer identification number 45-5243432
	F Name and address of principal officer: ELAINE CRAIG SAME AS C ABOVE	E Telephone number (559) 662-4500
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 3,084,270.
J Website: ▶ WWW.MADERAWAC.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶
	L Year of formation: 2011	M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO EMPOWER AND DEVELOP A HIGHLY-SKILLED WORKFORCE BY PROVIDING SPECIALIZED SUPPORT AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	83
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,871,792.
9		Program service revenue (Part VIII, line 2g)	106,892.	63,541.
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)	27,334.	144,170.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,006,018.	3,084,270.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,604,081.	1,506,830.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,353,218.	1,525,386.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,957,299.	3,032,216.
	19	Revenue less expenses. Subtract line 18 from line 12	48,719.	52,054.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 713,331.	End of Year 453,204.
	21	Total liabilities (Part X, line 26)	505,059.	192,878.
	22	Net assets or fund balances. Subtract line 21 from line 20	208,272.	260,326.

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 ELAINE CRAIG, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DOUG SAMPSON	Preparer's signature DOUG SAMPSON
	Firm's name ▶ MOSS ADAMS LLP	Date 12/05/17
	Firm's address ▶ 265 E. RIVER PARK CIRCLE STE 110 FRESNO, CA 93720	Check if self-employed <input type="checkbox"/>
		PTIN P00038675
		Firm's EIN ▶ 91-0189318
		Phone no. 559-389-5700

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

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Form 990 (2016)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER AND DEVELOP A HIGHLY-SKILLED WORKFORCE BY PROVIDING SPECIALIZED SUPPORT AND RESOURCES TO OUR CUSTOMERS, PARTNERS, AND EMPLOYERS; ENSURING ECONOMIC PROSPERITY FOR MADERA COUNTY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,764,089. including grants of \$) (Revenue \$ 63,541.) WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) - THE WIOA IS A FEDERAL ACT THAT DESIGNED TO STRENGTHEN AND IMPROVE OUR NATION'S PUBLIC WORKFORCE SYSTEM AND HELP GET AMERICANS INTO HIGH-QUALITY JOBS AND CAREERS AND HELP EMPLOYERS HIRE AND RETAINED SKILLED WORKERS. THE WIOA REPLACES THE PREVIOUS WORKFORCE INVESTMENT ACT OF 1998.

4b (Code:) (Expenses \$ 57,775. including grants of \$) (Revenue \$) MADERA COUNTY DEPARTMENT OF CORRECTIONS REALIGNMENT SERVICES - CAREER DEVELOPMENT WORKSHOPS WILL BE PROVIDED TO IMPROVE THE VOCATIONAL APTITUDE OF OFFENDERS WHILE IN CUSTODY AND WHILE ON PROBATION TO INCREASE THE LIKELIHOOD OF THEIR SECURED EMPLOYMENT AND TO REDUCE RECIDIVISM.

4c (Code:) (Expenses \$ 63,407. including grants of \$) (Revenue \$) MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES - PAYROLL PROCESSING SERVICES FOR SOCIAL SERVICES REFERRED WELFARE TO WORK PAID WORK EXPERIENCE RECIPIENTS, EMPLOYMENT ASSESSMENT SERVICES, AND JOB FAIR FACILITATION SERVICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 28,584. including grants of \$) (Revenue \$)

4e Total program service expenses 2,913,855.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 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>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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 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.	6	
b	Enter the number of voting members included in line 1a, above, who are independent	6	
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
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	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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	X
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	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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	X
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: **MADERA COUNTY WORKFORCE INVESTMENT CORPORATION - 559 662-4500**
441 EAST YOSEMITE AVENUE, MADERA, CA 93638

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBI BRAY PRESIDENT	1.00	X						0.	0.	0.
(2) VICTOR GONZALEZ PERSONAL BANKER II	1.00	X						0.	0.	0.
(3) MATTIE MENDEZ EXECUTIVE DIRECTOR	1.00	X						0.	0.	0.
(4) BOB CARLSON COMMUNITY MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(5) ROBYN SMITH COORDINATOR	1.00	X						0.	0.	0.
(6) LINDSAY CALLAHAN PRESIDENT	1.00	X						0.	0.	0.
(7) ROBER LEACH PASTOR	1.00	X						0.	0.	0.
(8) JESSICA ROCHE TREASURER	40.00			X				88,300.	0.	13,148.
(9) ELAINE CRAIG EXECUTIVE DIRECTOR	40.00			X				107,172.	0.	20,382.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							195,472.	0.	33,530.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							195,472.	0.	33,530.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,876,559.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		2,876,559.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code				
			900099	63,541.	63,541.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		63,541.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	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)			
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
			b	Less: direct expenses			
c			Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	RENTAL INCOME	900099	144,170.	144,170.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		144,170.				
12	Total revenue. See instructions.		3,084,270.	207,711.	0.	0.	

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,472.	195,472.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,007,082.	994,958.	12,124.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	193,424.	193,424.		
10 Payroll taxes	110,852.	109,918.	934.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 SUBCONTRACTED PROGRAM S	791,972.	791,972.		
b OVERHEAD	681,295.	578,957.	102,338.	
c CLIENT PROGRAM EXPENSES	27,750.	27,750.		
d MATERIALS AND SUPPLIES	24,369.	21,404.	2,965.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,032,216.	2,913,855.	118,361.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Form 990 (2016)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	225,641.	1	158,400.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	438,387.	3	173,897.
	4	Accounts receivable, net	9,629.	4	85,084.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,502.	9	6,837.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,201.		
	b	Less: accumulated depreciation	10b 74,215.	10c	28,986.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	713,331.	16	453,204.	
Liabilities	17	Accounts payable and accrued expenses	401,709.	17	102,307.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	103,350.	25	90,571.
	26	Total liabilities. Add lines 17 through 25	505,059.	26	192,878.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	193,475.	27	221,737.
	28	Temporarily restricted net assets	14,797.	28	38,589.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	208,272.	33	260,326.	
34	Total liabilities and net assets/fund balances	713,331.	34	453,204.	

Form 990 (2016)

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,084,270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,032,216.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,272.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	260,326.

Part XII Financial Statements and Reporting

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

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

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 **MADERA COUNTY WORKFORCE INVESTMENT CORPORATION** Employer identification number **45-5243432**

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		
Total						

MADERA COUNTY WORKFORCE INVESTMENT

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.")	1658422.	2655068.	3616850.	4871792.	2876559.	15678691.
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	1658422.	2655068.	3616850.	4871792.	2876559.	15678691.
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.						15678691.

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	1658422.	2655068.	3616850.	4871792.	2876559.	15678691.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,968.	25,058.	36,578.	27,334.	144,170.	267,108.
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						15945799.
12 Gross receipts from related activities, etc. (see instructions)					12	283,847.
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 checked="" 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 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
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		►
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		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

MADERA COUNTY WORKFORCE INVESTMENT

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

MADERA COUNTY WORKFORCE INVESTMENT

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).		

MADERA COUNTY WORKFORCE INVESTMENT

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			

MADERA COUNTY WORKFORCE INVESTMENT

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

45-5243432 Page 8

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT PO BOX 826880 SACRAMENTO, CA 94280	\$ 2,766,463.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	COUNTY OF MADERA 200 W 4TH STREET MADERA, CA 93637	\$ 57,775.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	CITY OF MADERA 209 WEST YOSEMITE AVENUE MADERA, CA 93637	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
---	---

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION Employer identification number 45-5243432

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Conservation Easements with multiple questions (1-9) and checkboxes. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions 1a, 1b, 2, and 2a, 2b.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,797.	26,029.	5,927.	18,250.	
b Contributions	40,000.		25,000.	35,000.	18,250.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	16,208.	11,232.	4,898.	47,323.	
f Administrative expenses					
g End of year balance	38,589.	14,797.	26,029.	5,927.	18,250.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		102,651.	73,665.	28,986.
e Other		550.	550.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 28,986.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND RELATED	
(3) EXPENSES	90,571.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	90,571.

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

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,084,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,084,270.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,084,270.

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

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

1	Total expenses and losses per audited financial statements		1	3,032,216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,032,216.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,032,216.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Employer identification number

45-5243432

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES TO OUR CUSTOMERS, PARTNERS, AND EMPLOYERS; ENSURING ECONOMIC PROSPERITY FOR MADERA COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF MCWIC'S ANNUAL FORM 990 INFORMATION RETURN SHALL BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE. THIS REVIEW AND APPROVAL SHALL BE DOCUMENTED WITH THE SIGNATURE OF THE BOARD/COMMITTEE CHAIR.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO REVIEW AND SIGN A DISCLOSURE OF INTEREST AND THE ACKNOWLEDGEMENT OF CONFLICT OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED AND APPROVED BY THE BOARD ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MAINTAINED AT THE MADERA COUNTY WORKFORCE INVESTMENT CORPORATIONS OFFICE AND ARE AVAILABLE FOR REVIEW.

STATE COPY

MADERA COUNTY WORKFORCE INVESTMENT
CORPORATION
2037 W. CLEVELAND AVE
MADERA, CA 93637

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

MADERA COUNTY WORKFORCE INVESTMENT
CORPORATION
2037 W. CLEVELAND AVE
MADERA, CA 93637

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

FORM RRF-1

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2017

Prepared For:

MADERA COUNTY WORKFORCE INVESTMENT
CORPORATION
2037 W. CLEVELAND AVE
MADERA, CA 93637

Prepared By:

Moss Adams LLP
265 E. River Park Circle Ste 110
Fresno, CA 93720

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	0

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2017

Prepared For:

MADERA COUNTY WORKFORCE INVESTMENT
CORPORATION
2037 W. CLEVELAND AVE
MADERA, CA 93637

Prepared By:

Moss Adams LLP
265 E. River Park Circle Ste 110
Fresno, CA 93720

Amount of Tax:

Balance due of \$150

Make Check Payable To:

Attorney General Registry of Charitable Trusts

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR

2016

**California Exempt Organization
Annual Information Return**

628941 11-30-16
FORM

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

Corporation/Organization name MADERA COUNTY WORKFORCE INVESTMENT CORPORATION		California corporation number 3435527	
Additional information. See instructions.		FEIN 45-5243432	
Street address (suite or room) 2037 W. CLEVELAND AVE		PMB no.	
City MADERA	State CA	ZIP code 93637	
Foreign country name	Foreign province/state/county	Foreign postal code	

A First Return Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes <input checked="" type="checkbox"/> No
B Amended Return Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
D Final Information Return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/>
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other	M Is the organization a Limited Liability Company? Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	N Did the organization file Form 100 or Form 109 to report taxable income? Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions Yes <input checked="" type="checkbox"/> No	O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	P Is a federal Form 1023/1024 pending? Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes <input checked="" type="checkbox"/> No	

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	207,711.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,876,559.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	3,084,270.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	3,084,270.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,032,216.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	52,054.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	Telephone 559 662-4500
	Preparer's signature	DOUG SAMPSON	Date 12/05/17	Check if self-employed <input type="checkbox"/> PTIN P00038675
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	Firm's name MOSS ADAMS LLP 265 E. RIVER PARK CIRCLE STE 110 FRESNO, CA 93720		FEIN 91-0189318 Telephone 559-389-5700

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	207,711.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	207,711.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	195,472.00
	12	Other salaries and wages	•	12	1,007,082.00
	13	Interest	•	13	00
	14	Taxes	•	14	110,852.00
	15	Rents	•	15	00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements	•	17	1,718,810.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,032,216.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		225,641.		158,400.
2 Net accounts receivable		9,629.		85,084.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	102,825.		103,201.	
b Less accumulated depreciation	(65,653.)	37,172.	(74,215.)	28,986.
11 Land				
12 Other assets STMT 5		440,889.		180,734.
13 Total assets		713,331.		453,204.
Liabilities and net worth				
14 Accounts payable		401,709.		102,307.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 6		103,350.		90,571.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		208,272.		260,326.
22 Total liabilities and net worth		713,331.		453,204.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	52,054.	7 Income recorded on books this year not included in this return.
2 Federal income tax	•		8 Deductions in this return not charged against book income this year
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year	•		10 Net income per return.
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6
6 Total. Add line 1 through line 5		52,054.	

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT	PO BOX 826880 SACRAMENTO, CA 94280	06/30/17	2,766,463.
COUNTY OF MADERA	200 W 4TH STREET MADERA, CA 93637	06/30/17	57,775.
CITY OF MADERA	209 WEST YOSEMITE AVENUE MADERA, CA 93637	06/30/17	10,000.
TOTAL INCLUDED ON LINE 3			2,834,238.

FORM 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
RENTAL INCOME	144,170.
PROGRAM SERVICE FEES	63,541.
TOTAL TO FORM 199, PART II, LINE 7	207,711.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DEBI BRAY 2037 W. CLEVELAND AVE MADERA, CA 93637	PRESIDENT 1.00	0.
VICTOR GONZALEZ 2037 W. CLEVELAND AVE MADERA, CA 93637	PERSONAL BANKER II 1.00	0.
MATTIE MENDEZ 2037 W. CLEVELAND AVE MADERA, CA 93637	EXECUTIVE DIRECTOR 1.00	0.
BOB CARLSON 2037 W. CLEVELAND AVE MADERA, CA 93637	COMMUNITY MEMBER-AT-LARGE 1.00	0.
ROBYN SMITH 2037 W. CLEVELAND AVE MADERA, CA 93637	COORDINATOR 1.00	0.
LINDSAY CALLAHAN 2037 W. CLEVELAND AVE MADERA, CA 93637	PRESIDENT 1.00	0.
ROBER LEACH 2037 W. CLEVELAND AVE MADERA, CA 93637	PASTOR 1.00	0.
JESSICA ROCHE 2037 W. CLEVELAND AVE MADERA, CA 93637	TREASURER 40.00	0.
ELAINE CRAIG 2037 W. CLEVELAND AVE MADERA, CA 93637	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
SUBCONTRACTED PROGRAM S OVERHEAD		791,972.
CLIENT PROGRAM EXPENSES		681,295.
MATERIALS AND SUPPLIES		27,750.
OTHER EMPLOYEE BENEFITS		24,369.
		193,424.
TOTAL TO FORM 199, PART II, LINE 17		1,718,810.

FORM 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	438,387.	173,897.
PREPAID EXPENSES AND DEFERRED CHARGES	2,502.	6,837.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	440,889.	180,734.

FORM 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED PAYROLL AND RELATED EXPENSES	103,350.	90,571.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	103,350.	90,571.

FORM 199	FUND BALANCES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	193,475.	221,737.
TEMPORARILY RESTRICTED ASSETS	14,797.	38,589.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	208,272.	260,326.

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Identifying number 45-5243432
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 3,084,270.00
2 Total gross income (Form 199, line 8)	2 3,084,270.00
3 Total expenses and disbursements (Form 199, line 9)	3 3,032,216.00

Part II Settle Your Account Electronically for Taxable Year 2016

4 Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--------------------------------------	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account:	Checking	Savings
6 Account number _____			

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here




Signature of officer _____ Date _____

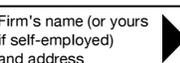


_____ **EXECUTIVE DIRECTOR**

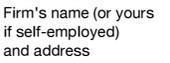
Title _____

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature 	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN P00038675
Must Sign Firm's name (or yours if self-employed) and address 	MOSS ADAMS LLP 265 E. RIVER PARK CIRCLE STE 110 FRESNO, CA			FEIN 91-0189318 ZIP code 93720

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature 	Date	Check if self-employed	Paid preparer's PTIN P00038675
Must Sign Firm's name (or yours if self-employed) and address 	MOSS ADAMS LLP 265 E. RIVER PARK CIRCLE STE 110 FRESNO, CA		FEIN 91-0189318 ZIP code 93720

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0197640 MADERA COUNTY WORKFORCE INVESTMENT CORPORATION <small>Name of Organization</small> 2037 W. CLEVELAND AVE <small>Address (Number and Street)</small> MADERA, CA 93637 <small>City or Town, State and ZIP Code</small>	Check if: Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Corporate or Organization No. <u>3435527</u> Federal Employer I.D. No. <u>45-5243432</u>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2016 ending 06/30/2017) list:
 Gross annual revenue \$ 3,084,270. Total assets \$ 453,204.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 8	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (559) 662-4500

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

ELAINE CRAIG

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT
P.O. BOX 826880
SACRAMENTO, CA 94280

COUNTY OF MADERA
200 W. 4TH STREET
MADERA, CA 93637

CITY OF MADERA
209 WEST YOSEMITE AVENUE
MADERA, CA 93637

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION		D Employer identification number 45-5243432
	Doing business as		E Telephone number (559) 662-4500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,084,270.
	2037 W. CLEVELAND AVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code MADERA, CA 93637		H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)	
F Name and address of principal officer: ELAINE CRAIG SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.MADERAWAC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 2011 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER AND DEVELOP A HIGHLY-SKILLED WORKFORCE BY PROVIDING SPECIALIZED SUPPORT AND		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	83
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a 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)	Prior Year 4,871,792.	Current Year 2,876,559.
	9 Program service revenue (Part VIII, line 2g)	106,892.	63,541.
	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)	27,334.	144,170.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,006,018.	3,084,270.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,604,081.	1,506,830.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,353,218.	1,525,386.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,957,299.	3,032,216.	
19 Revenue less expenses. Subtract line 18 from line 12	48,719.	52,054.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 713,331.	End of Year 453,204.
	21 Total liabilities (Part X, line 26)	505,059.	192,878.
	22 Net assets or fund balances. Subtract line 21 from line 20	208,272.	260,326.

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		
	ELAINE CRAIG, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DOUG SAMPSON	Preparer's signature DOUG SAMPSON	Date 12/05/17	Check if self-employed <input type="checkbox"/>	PTIN P00038675
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318		Phone no. 559-389-5700	
Firm's address ▶ 265 E. RIVER PARK CIRCLE STE 110		FRESNO, CA 93720			

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

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Form 990 (2016)

45-5243432 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER AND DEVELOP A HIGHLY-SKILLED WORKFORCE BY PROVIDING SPECIALIZED SUPPORT AND RESOURCES TO OUR CUSTOMERS, PARTNERS, AND EMPLOYERS; ENSURING ECONOMIC PROSPERITY FOR MADERA COUNTY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,764,089. including grants of \$) (Revenue \$ 63,541.) WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) - THE WIOA IS A FEDERAL ACT THAT DESIGNED TO STRENGTHEN AND IMPROVE OUR NATION'S PUBLIC WORKFORCE SYSTEM AND HELP GET AMERICANS INTO HIGH-QUALITY JOBS AND CAREERS AND HELP EMPLOYERS HIRE AND RETAINED SKILLED WORKERS. THE WIOA REPLACES THE PREVIOUS WORKFORCE INVESTMENT ACT OF 1998.

4b (Code:) (Expenses \$ 57,775. including grants of \$) (Revenue \$) MADERA COUNTY DEPARTMENT OF CORRECTIONS REALIGNMENT SERVICES - CAREER DEVELOPMENT WORKSHOPS WILL BE PROVIDED TO IMPROVE THE VOCATIONAL APTITUDE OF OFFENDERS WHILE IN CUSTODY AND WHILE ON PROBATION TO INCREASE THE LIKELIHOOD OF THEIR SECURED EMPLOYMENT AND TO REDUCE RECIDIVISM.

4c (Code:) (Expenses \$ 63,407. including grants of \$) (Revenue \$) MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES - PAYROLL PROCESSING SERVICES FOR SOCIAL SERVICES REFERRED WELFARE TO WORK PAID WORK EXPERIENCE RECIPIENTS, EMPLOYMENT ASSESSMENT SERVICES, AND JOB FAIR FACILITATION SERVICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 28,584. including grants of \$) (Revenue \$)

4e Total program service expenses 2,913,855.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 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>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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: **MADERA COUNTY WORKFORCE INVESTMENT CORPORATION - 559 662-4500**
441 EAST YOSEMITE AVENUE, MADERA, CA 93638

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBI BRAY PRESIDENT	1.00	X					0.	0.	0.	
(2) VICTOR GONZALEZ PERSONAL BANKER II	1.00	X					0.	0.	0.	
(3) MATTIE MENDEZ EXECUTIVE DIRECTOR	1.00	X					0.	0.	0.	
(4) BOB CARLSON COMMUNITY MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(5) ROBYN SMITH COORDINATOR	1.00	X					0.	0.	0.	
(6) LINDSAY CALLAHAN PRESIDENT	1.00	X					0.	0.	0.	
(7) ROBER LEACH PASTOR	1.00	X					0.	0.	0.	
(8) JESSICA ROCHE TREASURER	40.00			X			88,300.	0.	13,148.	
(9) ELAINE CRAIG EXECUTIVE DIRECTOR	40.00			X			107,172.	0.	20,382.	

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,876,559.		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		2,876,559.		
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code			
			90099	63,541.	63,541.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		63,541.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	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)					
d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a				
		b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
11 a	RENTAL INCOME	90099	144,170.	144,170.		
e	Total. Add lines 11a-11d		144,170.			
12	Total revenue. See instructions.		3,084,270.	207,711.	0.	0.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,472.	195,472.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,007,082.	994,958.	12,124.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	193,424.	193,424.		
10 Payroll taxes	110,852.	109,918.	934.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 SUBCONTRACTED PROGRAM S	791,972.	791,972.		
b OVERHEAD	681,295.	578,957.	102,338.	
c CLIENT PROGRAM EXPENSES	27,750.	27,750.		
d MATERIALS AND SUPPLIES	24,369.	21,404.	2,965.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,032,216.	2,913,855.	118,361.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	225,641.	1	158,400.
	2		2	
	3	438,387.	3	173,897.
	4	9,629.	4	85,084.
	5		5	
	6		6	
	7		7	
	8		8	
	9	2,502.	9	6,837.
	10a	103,201.		
	10b	74,215.	10c	28,986.
	11		11	
	12		12	
	13		13	
	14		14	
	15		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	713,331.	16	453,204.
Liabilities	17	401,709.	17	102,307.
	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25	103,350.	25	90,571.
	26	Total liabilities. Add lines 17 through 25	505,059.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	193,475.	27	221,737.
	28	14,797.	28	38,589.
	29		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	208,272.	33	260,326.	
34	Total net assets or fund balances	713,331.	34	453,204.

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MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,084,270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,032,216.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,272.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	260,326.

Part XII Financial Statements and Reporting

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

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

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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.")	1658422.	2655068.	3616850.	4871792.	2876559.	15678691.
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	1658422.	2655068.	3616850.	4871792.	2876559.	15678691.
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.						15678691.

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	1658422.	2655068.	3616850.	4871792.	2876559.	15678691.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,968.	25,058.	36,578.	27,334.	144,170.	267,108.
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						15945799.
12 Gross receipts from related activities, etc. (see instructions)					12	283,847.
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 checked="" 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 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
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		▶
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		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

MADERA COUNTY WORKFORCE INVESTMENT

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

MADERA COUNTY WORKFORCE INVESTMENT

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).		

MADERA COUNTY WORKFORCE INVESTMENT

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			

MADERA COUNTY WORKFORCE INVESTMENT

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT PO BOX 826880 SACRAMENTO, CA 94280	\$ 2,766,463.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	COUNTY OF MADERA 200 W 4TH STREET MADERA, CA 93637	\$ 57,775.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	CITY OF MADERA 209 WEST YOSEMITE AVENUE MADERA, CA 93637	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization MADERA COUNTY WORKFORCE INVESTMENT CORPORATION Employer identification number 45-5243432

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Conservation Easements with multiple questions (1-9) regarding preservation of land, number of easements, monitoring, and reporting requirements. Includes checkboxes for Yes/No and a table for 'Held at the End of the Tax Year'.

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions 1a, 1b, and 2 regarding reporting requirements and asset values.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,797.	26,029.	5,927.	18,250.	
b Contributions	40,000.		25,000.	35,000.	18,250.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	16,208.	11,232.	4,898.	47,323.	
f Administrative expenses					
g End of year balance	38,589.	14,797.	26,029.	5,927.	18,250.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		102,651.	73,665.	28,986.
e Other		550.	550.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 28,986.

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND RELATED	
(3) EXPENSES	90,571.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	90,571.

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

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,084,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,084,270.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,084,270.

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

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

1	Total expenses and losses per audited financial statements		1	3,032,216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,032,216.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,032,216.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES TO OUR CUSTOMERS, PARTNERS, AND EMPLOYERS; ENSURING ECONOMIC PROSPERITY FOR MADERA COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF MCWIC'S ANNUAL FORM 990 INFORMATION RETURN SHALL BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE. THIS REVIEW AND APPROVAL SHALL BE DOCUMENTED WITH THE SIGNATURE OF THE BOARD/COMMITTEE CHAIR.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO REVIEW AND SIGN A DISCLOSURE OF INTEREST AND THE ACKNOWLEDGEMENT OF CONFLICT OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED AND APPROVED BY THE BOARD ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MAINTAINED AT THE MADERA COUNTY WORKFORCE INVESTMENT CORPORATIONS OFFICE AND ARE AVAILABLE FOR REVIEW.



Agenda Item 8.6

Consent

Action

Information

To: Madera County Workforce Investment Corporation

From: Elaine Craig, Executive Director

Date: March 22, 2018

Subject: Form 700 Due April 1, 2018

Information:

The Form 700, Statement of Economic Interests and required by the Fair Political Practices Commission of any persons who sit on a Board that provides oversight to any agency receiving public funds must be completed annually by April 1 of each year. The form is required if you are incoming member as well as every year thereafter. Staff would be happy to provide an orientation and information and assistance if there are any questions or concerns about the completion of this form. The form needs to be provided to Nicki Martin.

Financing:

Workforce Innovation and Opportunity Act